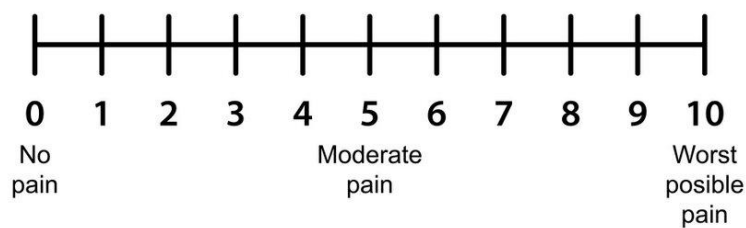


Numeric Pain Rating Patient Survey:

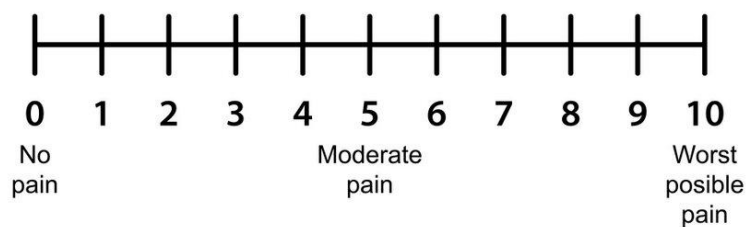
Current Pain:

On a scale of 0-10, with 0 being no pain at all and 10 being the worst pain imaginable, how would you rate your pain right now?



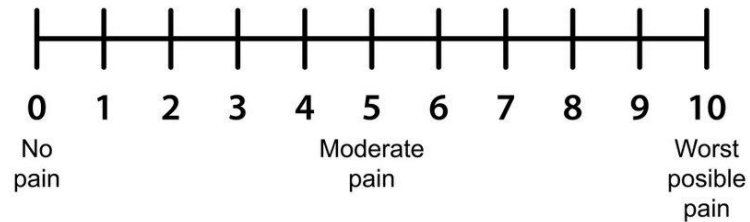
Usual Pain:

On a scale of 0-10, with 0 being no pain at all and 10 being the worst pain imaginable, how would you rate your usual level of pain during the last week?



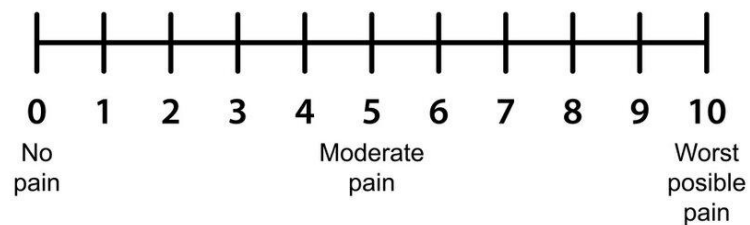
Best Pain:

On a scale of 0-10, with 0 being no pain at all and 10 being the worst pain imaginable, how would you rate your BEST level of pain during the last week?



Worst Pain:

On a scale of 0-10, with 0 being no pain at all and 10 being the worst pain imaginable, how would you rate your WORST level of pain during the last week?



Desired Functionality Survey:

How does your condition impact your desired level of function? Please write the number 0-100.

***Zero:** I can not do anything at all

***Hundred:** I can do anything I want without limitation

Answer here: