Chronic Pain Assessment Sheet **NEUROSTIMULATION THERAPY FOR CHRONIC PAIN** Date: This series of questions can help you identify the symptoms of chronic pain. Answer the questions below and bring this assessment to your next appointment with your doctor. The information collected in this assessment is for educational purposes and is not intended to replace discussions with your doctor. 1. Shade in the area(s) where you feel pain. 3. Which of the following describes your pain? (check all that apply) ☐ Difficult to describe ☐ Sharp FRONT ☐ Tingling/numbness/pins and needles Stabbing ☐ Burning ☐ Aching ☐ Prickly ☐ Shooting Other_ 4. Rate your pain on the following scale: No Pain 5. Have you tried any of the treatment options listed below to help manage your pain? (check all that apply) ☐ Heat/ice pads Over the counter medication left right right ☐ Topical pain relievers Physical therapy, acupuncture, massage ☐ Prescription medication (opioid, etc.) ☐ Targeted injections 2. Approximately how long have you been experiencing pain? 6. How is your pain impacting your life? (check all that apply) Less than 6 months 6–12 months ☐ Ability to work ☐ Ability to socialize ☐ 1–3 years 3 years or longer ☐ Ability to exercise ☐ Ability to sleep ☐ Ability to perform household chores ☐ Mood Other (describe the impact) Questions for Your Doctor Discussing your chronic pain with your doctor can be an important step in finding relief. Be sure to take this assessment, as well as information on your previous treatments tried, in order to drive a more meaningful conversation. Always take time to prepare for your conversations with your doctor. This list of suggestions and questions can help you get started. You can print this page and take it with you to your next office visit. When you meet with your doctor, ask: Before you meet with your doctor: ☐ Will neurostimulation work for me? Write down questions to bring with you. A first list of ☐ Will neurostimulation work if I have pain in more than one area? questions can be found below ☐ What type of neurostimulation would work best for the pain ☐ Gather your medical records to share I'm experiencing? ☐ Be ready to take notes to help you remember important points ☐ What restrictions will I have with a neurostimulation system? Consider bringing a friend or family member to your ☐ Will the neurostimulation system be able to accommodate appointment or procedure possible changes to my pain over time? ☐ Will I be able to stop taking pain medications? When you meet with your doctor, tell him/her: ☐ What are some side effects experienced by patients? About your symptoms: when they began, how often they ☐ What can I expect when receiving a neurostimulation system? happen, how long they last and what they feel like ☐ Does my insurance cover neurostimulation? ☐ Your medical history ☐ What are the risks associated with receiving a

neurostimulation system?



| Additional Questions | |
|--|---|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| During your discussion, your doctor should give you: | Before and after you meet with your doctor: |
| A clear explanation of your condition, diagnostic tests and treatment options, as well as the risks and benefits of treatments | Talk about your treatment options with family, friends and others in your life. It is a helpful way to receive the support and care you need. They can offer support as you begin to prepare for treatment, a hospital stay and recovery. |

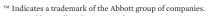
Abbott

One St. Jude Medical Dr., St. Paul, MN 55117 USA, Tel: $1\,651\,756\,2000$ Neuromodulation. Abbott

Rx Only

Brief Summary: Prior to using these devices, please review the Instructions for Use for a complete listing of indications, contraindications, warnings, precautions, potential adverse events, and directions for use. The system is intended to be used with leads and associated extensions that are compatible with the system.

 $Device \ depicted \ may \ not \ be \ available \ in \ all \ countries. \ Check \ with \ your \ Abbott \ representative \ for \ product \ availability \ in \ your \ country.$



© 2020 Abbott. All Rights Reserved. 45603 MAT-2012862 vl.0 | Item approved for U.S. use only.

