

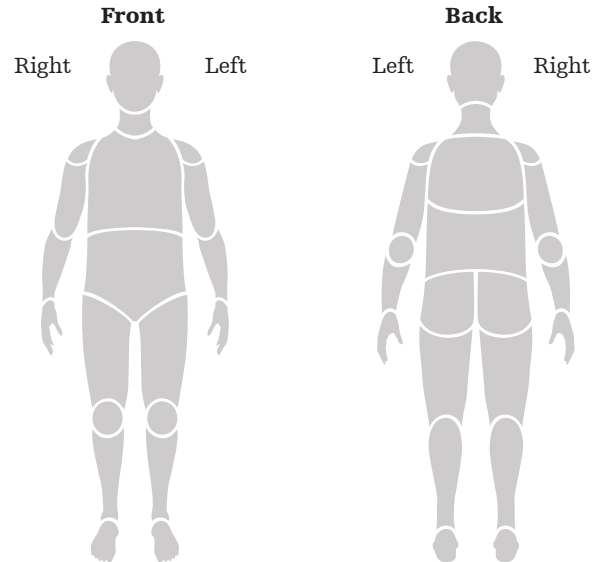
## Chronic pain assessment and doctor discussion guide

Chronic pain can feel relentless.  
We've got your back.

Fill out this guide as thoroughly as possible. In preparation for your upcoming appointment, it will give your doctor a clear picture of the symptoms you are experiencing and how they are impacting your daily life.

Let's get started

1. Please circle the area(s) of your body where you feel pain:



2. How long have you been experiencing pain?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

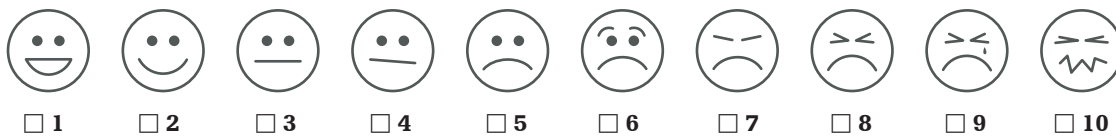
3. Which of the following describes your pain? (select all that apply)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Aching                | <input type="checkbox"/> Numbness  | <input type="checkbox"/> Sharp/shooting/stabbing |
| <input type="checkbox"/> Burning               | <input type="checkbox"/> Pins and needles/tingling                             | <input type="checkbox"/> Tender                  |
| <input type="checkbox"/> Difficult to describe | <input type="checkbox"/> Radiating (goes from one part of the body to another) | <input type="checkbox"/> Weakness                |
| <input type="checkbox"/> Freezing              |  | <input type="checkbox"/> Other _____             |

4. When do you most commonly feel pain? (select all that apply)

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Always                       | <input type="checkbox"/> When I sit for a long time | <input type="checkbox"/> When I rotate my body |
| <input type="checkbox"/> When I first stand up        | <input type="checkbox"/> When I bend over           | <input type="checkbox"/> Other _____           |
| <input type="checkbox"/> When I stand for a long time | <input type="checkbox"/> When I walk                |  |

5. Rate your pain on scale from 1 to 10; 1 representing minimal pain and 10 representing the most severe. (choose one)



6. Which areas of life have been affected by your pain? (select all that apply)

- |                                   |  |                                      |
|-----------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Work     | <input type="checkbox"/> Household chores  | <input type="checkbox"/> Sleep       |
| <input type="checkbox"/> Exercise | <input type="checkbox"/> Social activities | <input type="checkbox"/> Other _____ |

**7. Which treatment options have you already tried to help manage your pain?** (select all that apply)

- Acupuncture/massage/spinal adjustment
  - Bed rest;  
Length of bed rest: \_\_\_\_\_
  - Bracing
  - Diet adjustments
  - Heat/ice
  - Over-the-counter pain medication (ibuprofen, acetaminophen, etc.)
  - Physical therapy/exercise
  - Prescription medication (muscle relaxants, anti-seizure drugs, antidepressants, etc.);  
Medication and dosage (if known):  
\_\_\_\_\_
  - Prescription opioids; Medication and dosage (if known):  
\_\_\_\_\_
  - Targeted injections
  - Topical pain relievers (creams or ointments applied directly to the skin)
  - Other \_\_\_\_\_
- 

**8. Have you experienced any unexplained bleeding or bruising?**

- Yes, I have experienced unexplainable bleeding or bruising;  
Where and when you noticed the bleeding or bruising:  
\_\_\_\_\_
  - No, I don't have any unexplained bleeding or bruising
- 

**9. Do you have any unusual protruding lumps on your body?**

- Yes, I have an unusual lump;  
Where and when you noticed the lump:  
\_\_\_\_\_
  - No, I don't have any unusual lumps
- 

**10. Have you had any cancer-related screening exams?**

- Yes, I have had cancer-related screening exams;  
When and what cancer-related screening exams you have had: \_\_\_\_\_
  - No, I haven't had any cancer-related screening exams
- 

**11. Have you had any unexplained weight gain or weight loss?**

- Yes, I have experienced unexplained weight gain;  
When: \_\_\_\_\_
  - Yes, I have experienced unexplained weight loss;  
When: \_\_\_\_\_
  - No, I haven't experienced unexplained weight gain or weight loss
- 

**12. Do you experience any persistent, unexplained muscle or joint pain?**

- Yes, I experience muscle or joint pain;  
Where and when you noticed the muscle or joint pain:  
\_\_\_\_\_
  - No, I don't experience any muscle or joint pain
- 

**13. Have you been diagnosed or experienced any of the following?** (select all that apply)

- Arthritis
  - Calcium/Vitamin D deficiency
  - Cancer;  
Diagnosis and date: \_\_\_\_\_
  - Menopause
  - Osteoporosis;  
History of fractures? \_\_\_\_\_
- 

**14. Are you a smoker?**

- Yes, I currently smoke;  
How often? \_\_\_\_\_
  - No, but I used to smoke;  
How many months/years? \_\_\_\_\_
  - No, I've never been a smoker
- 

**15. Do you take steroid medication?**

- Yes, I currently use steroids;  
Type and frequency of use:  
\_\_\_\_\_
  - No, but I have used steroids in the past;  
When you last used: \_\_\_\_\_
  - No, I've never used steroids
- 

**16. Do you have any medication allergies?**

- Yes;  
List medications: \_\_\_\_\_
  - No
- 

**17. Do you have a tendency to feel light headed or pass out with prior procedures?**

- Yes       No
- 

**18. Are you currently taking any blood thinners?**

- Yes       No
- 

**19. Do you have a pacemaker and/or defibrillator?**

- Yes, pacemaker       Yes, defibrillator       No

## Some things to think about as you prepare for your appointment

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### Before you meet with your doctor

- Write down any questions you have. We've shared some below that will help get you started.
- Gather your medical records to share.
- Be ready to take notes to help you remember important information.
- If you can, consider taking a friend or family member to your appointment. Sometimes, they can help communicate symptoms and help remember what the doctor says.

### When you meet with your doctor

- **Thoroughly describe your symptoms.** Discuss when they began, how often they occur, how long they last and what they feel like. No detail is too small. You can use this guide to help you organize your thoughts.
- **Discuss your medical history.** Be sure to have your medical records sent to the doctor prior to your appointment or take them to the appointment with you.
- **Ask questions.** Your time with your doctor is valuable. Make the most of it by being prepared to ask questions to fully understand your condition and next steps. Below are some suggestions to get you started.

### Questions to consider when you meet with your doctor

- What is the specific cause of my pain?
- What are the next steps for my diagnosis or treatment?
- Which treatment option is best for me?
- What other treatment options are available for my condition?
- Am I a candidate for vertebral augmentation?
- Am I a candidate for radiofrequency ablation?
- Will this treatment work if I have pain in more than one area?
- How long until I should expect to feel relief from my pain?
- How long will the pain relief last?
- Would a non-opioid treatment be effective for my pain?

### Questions to consider if you are a candidate for a procedure

- How does the procedure work?
- What potential risks are associated with this procedure?
- Will anything be implanted in me during this procedure? If yes, will any maintenance be required for the implant?
- How long will the procedure last?
- What activities can I do after this treatment? What activities should I avoid?
- How long will recovery take?
- Will I be sedated?
- Will I need to stay overnight in the hospital?
- Should I arrange to have a ride home after my procedure?

We hope you find the relief you deserve

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If you're a candidate for vertebral augmentation or radiofrequency ablation, we have resources to help you understand and prepare for your procedure. **Visit [strykeriv.com/procedures](https://strykeriv.com/procedures)**

Use this guide to help you organize your thoughts

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### **My symptoms**

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### **My medical history**

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### **My questions**

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**physician locator**



### **Interventional Spine**

The information presented is for educational purposes only. Stryker is not dispensing medical advice. Please speak to your doctor to decide what course of treatment is right for you. Only your doctor can make the medical judgment regarding which products and treatment is right for you. Any medical procedure carries certain risks and your doctor will explain all possible complications and/or side effects.

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