

CLINICAL PROFILE OF IPS

**If you have IPS, please complete the questions here and send us your results.
 We need your help in our research. Thank You!**

		YES	NO
1	Is your pain constant, meaning always present (24/7)?		
2	Was your pain previously on-and-off, irregular, or skipped days before becoming constant?		
3	Does your pain keep you from falling asleep even if you feel very fatigued or tired?		
4	Does your pain wake you up, (i.e. keep you from staying asleep)?		
5	Do you ever have severe, incapacitating muscle spasms that cause excruciating pain that can immobilize you?		
6	Have you lost most of your appetite?		
7	Do you crave sugar and starches-like you can't get enough even though you are full?		
8	Do you get episodes of heat, sweating, and elevated temperature for seemingly no reason?		
9	Are your hands and feet cold much of the time for no apparent reason?		
10	Are you sometimes unable to tell how hot or cold something is that is touching your skin? For example, have you been burned by a heating pad because you didn't realize it was too hot?		
11	Does the skin of your hands/arms and /or feet/legs change color, becoming blotchy, blue, purple, pale, or red?		
12	Is your blood pressure elevated much of the time or does it go very low?		
13	Does your pulse rate elevate much of the time even when lying down?		
14	Do you often have difficulty paying attention to conversations or focusing your eyes on what you are reading?		
15	Do you have difficulty with cognitive tasks that you could do before including ability to think clearly, to concentrate, to remember, to recall specific words, or to compose a letter?		
16	Are you often too fatigued to leave home or to do normal activities at home?		
17	Do you often feel tired or tired even after getting a full night's sleep?		
18	Do you experience extreme chronic fatigue?		
19	Does your fatigue seem different from being tired due to lack of sleep, that is, do you have fatigue that is more overwhelming, all-encompassing?		
20	Do you have the feeling of "heavy legs" so that it seems hard to put one foot in front of the other?		
21	Do your fatigue and difficulty concentrating sometimes make it too difficult to interact with other people, even when you want to do so?		
22	Do you have periodic anxiety attacks with sweating, headache, and racing heart rate?		
23	Are you hypersensitive to sensory inputs such as noise, lights, traffic, crowds, hustle, and bustle?		
24	Do you have extreme sensitivity to food odors & tastes such that an odor or taste can cause a gag reflex or vomiting?		
25	Do you have extreme sensitivity to odors of chemicals like bleach and ammonia?		
26	Do you have dental problems such as abscessed teeth requiring root canals, frequent cavities, broken teeth?		

		YES	NO
27	Do you grind your teeth in your sleep?		
28	Do you get unexplained pains that seem to move from one location on your body to another?		
29	Do you sometimes hurt "all over"?		
30	Do you experience chronic "all-over" aching "flu-like" pain?		
31	Is it sometimes painful to comb your hair, brush your teeth, or cut your nails?		
32	Does it hurt to take a shower, that is, the drops of water falling on you causes pain?		
33	Does it sometimes hurt to be touched?		
34	Does sensitivity to touch sometimes keep you from being able to get comfortable lying in bed or sitting?		
35	Are you bothered by such things as the pressure of an automobile seat belt across your chest, by wearing shirts with collars, by wearing a tie, by feeling tags on shirts?		
36	Have you lost or gained substantial weight in the last 6 months?		
37	Do you often want to be "left alone"?		
38	Do you experience unexpected problems with balance?		
39	Do you experience electromagnetic anomalies like stopping watches, making speakers hum by reaching toward them, or turning on the TV by walking near it?		
40	Have you experienced stuttering or difficulty speaking?		
41	Do you have color blindness?		
42	Does it ever seem that your eyes and your brain aren't communicating with each other correctly? For example, you appear to be looking directly at an object, but you don't "see" it until someone else points it out to you?		
43	Have your primary care/family doctors ever told you that you have a persistent, slightly elevated white blood cell count when your lab work was otherwise normal?		
44	Do you have difficulty finding words when speaking?		

NOTES AND EXPLANATIONS

- a) These questions are symptoms and manifestations frequently reported by persons who have the Intractable Pain Syndrome (IPS). If you answer yes to over half, you probably have IPS and you should share this information with your family and physicians
- b) Any person who has constant pain (24/7) should take this self-determination test.

Please complete this questionnaire and return it to the Tennant Foundation for research purposes. You can e-mail it back, fax or send it in via mail:

IPS Research and Education Project c/o Tennant Foundation
 336-338 S. Glendora Ave.
 West Covina, CA 91790-3043

IPS Email: support@intractablepainsyndrome.com Fax: 626-919-7497

This form is provided by the IPS Research & Education Project of the Tennant Foundation

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