

5. Was your pain previously on and off, irregular, or skipped days before becoming constant?

Yes_____ No_____

6. If yes to No. 5, how long did you have on and off pain before it became constant?

Years_____ Months_____

7. If you answered yes to No. 5, do you remember the date that your pain became constant and you developed IPS?

List closest remembrance: Year_____ Month_____ Day_____

8. Did you have a gradual change from chronic pain to IPS? Yes_____ No_____

9. Was your pain constant for a long time (months or years) and then stopped for a long time, and then came back for no apparent reason?

Yes_____ No_____

10. Did your IPS and constant pain develop suddenly after a single event?

- Auto accident
- Head trauma
- Viral infection
- Stroke
- Surgery
- Gun shot
- Fall or trip
- Lyme disease
- Work injuries

Other (list): _____

11. If a single event caused you to have IPS, did you have on and off pain prior to the single event? Yes_____ No_____

12. If a spine condition is the major cause of your IPS check all the spine conditions that you have had.

- Ehlers-Danlos syndrome
- Scoliosis
- Herniated discs
- Tethered cord
- Cauda equina syndrome
- Tarlov cysts
- Arthritis
- Spondylolisthesis
- Surgery
- Chiari malformation
- Syringomyelia
- Osteoporosis

Other (list): _____

AGE_____

MALE_____

FEMALE_____

Please send your response back to us: Email- support@intractablepainsyndrome.com
Fax: 626-919-7497

Or you can mail to the address below:

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Please print these questionnaires out and bring to your PCP!

This information is not intended to diagnose, treat, cure, or prevent any disease, as this information is for educational purposes only, and is not a substitute for medical advice, diagnosis, or treatment. Please refer to your local qualified health practitioner for all medical concerns.