

Doctor Discussion Guide

Living with pain can be challenging, but you don't have to face it alone.

This guide is here to help you prepare for your upcoming doctor visit, making it easier to describe your pain, explore treatment options, and take steps toward relief.

Helpful tips:

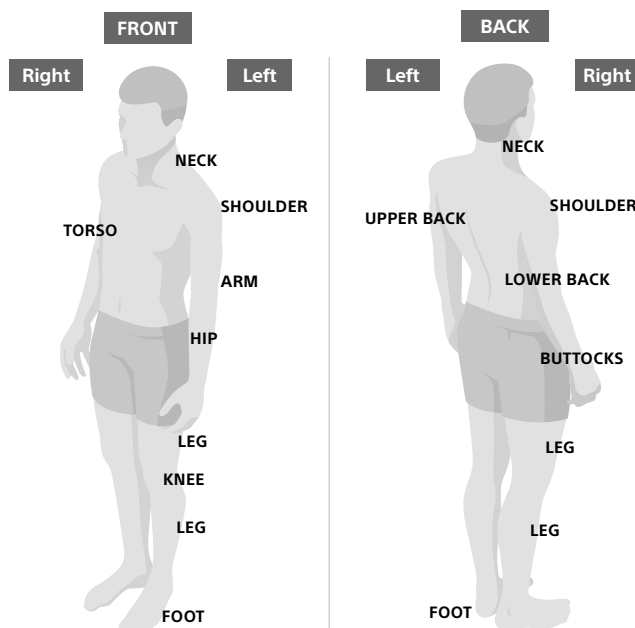
- Fill out the guide beforehand and bring it with you to your appointment.
- Write down notes in the sections provided to help you remember key details.
- Bring a friend or family member to help you stay focused and capture important information.

About your pain

1 Where do you feel pain?

Use the body map to choose your pain points.

Add any other important details (e.g., if your pain spreads) in the space provided below.



2 How would you describe your pain? Choose all that apply.

Aching

Dull, constant discomfort — like a sore muscle

Burning

Hot, stinging sensation — like a sunburn

Cramping

Squeezing, tight pain — like a muscle spasm

Radiating

Spreads from an area — like from lower back to leg

Sharp

Intense and piercing — like a needle poke

Throbbing

Pulsing, rhythmic pain — like a heartbeat in the pain area

Tingling

Light buzzing, prickling sensation — like light pins and needles

Other (describe)

3 How long have you been experiencing pain?

Less than six months

More than six months

4 How often do you experience pain?

Daily

Weekly

Monthly

Constantly

5 What is your average level of pain? Choose one.



1
Barely



2
Mild



3
Moderate



4
Uncomfortable



5
Distracting



6
Distressing



7
Severe



8
Intense



9
Excruciating



10
Unbearable

For more information on the levels of pain, visit pain.com/painscale (need final URL for 1.1 Types of Pain if not adding descriptions)

6 Do any of the following activities make your back pain worse? Choose all that apply.

Bending Lifting Physical activity Prolonged sitting Walking Other:

7 How is your pain impacting you? Use these prompts to explain the impact pain is having on your daily life.

- **Activities:** "Are there tasks you can no longer do, like cooking or walking?"
- **Mood:** "Has your pain affected your mood or energy? Do you feel more tired, irritable, or sad?"
- **Sleep:** "Does your pain wake you up at night or make it hard to fall or stay asleep?"
- **Relationships:** "Is it harder to connect, communicate, or spend time with others?"
- **Work:** "Have you had to give up a job or do you feel restricted in your employment choices?"

Add details about the impact:

8 Which types of treatments have you tried for your pain? Choose all that apply.



Activities

Stretching, exercise, or yoga



Heat, cold, rest

To soothe, numb, or heal your pain without medication



Injections

Steroids, nerve blocks, or epidural to reduce inflammation



Intracept™ Procedure

Targets a specific nerve in the spine with heat to help reduce back pain long term



Medication

Over-the-counter (OTC) or prescription (Rx)s



Nerve stimulation (TENS)

A device that delivers low electrical currents to manage pain



Pain pump implant

Delivers medication directly to the problem area



Radiofrequency Ablation (RFA)

Uses heat to block pain signals via nerve endings



Physical Therapy

Massage, chiropractic adjustments, or rehabilitation



Spinal Cord Stimulator (SCS)

Blocks pain signals via electrical pulses to the spine



Surgery

Back, brain, or neck surgery



Other or none

Describe:

9 What pain medications are you currently taking?

Name	Dosage	Frequency

Questions to ask your doctor

Critical questions to ask

- What's causing my pain based on my symptoms?
- What type of pain do I have, and what does that mean for my diagnosis or prognosis?
- What treatment options are available for my condition?

Other questions to consider

- Are there lifestyle changes or alternative therapies I should try?
- Does this treatment work for multiple sources of pain?
- Are there any risks or side effects involved?
- Are there any activities I should avoid during treatment?
- How long will this treatment last, and is its strength adjustable?
- Would a non-opioid treatment option help my pain (like a Spinal Cord Stimulator, the Intracept Procedure, or RFA)?
- Did my MRI reveal anything important (like Modic changes)?
- Can you refer me to a pain specialist, or is there a different healthcare provider I should see?

Helpful tip: Select the most important questions to you, and add your own in the notes section on the next page!

Next steps

- **Summary of visit:** Write key information your doctor provides, such as your diagnosis or treatment plan.
- **Follow-up plan:** What's the next step? (e.g., follow-up appointment, starting a new treatment)

Notes:

Indications for Use: The Boston Scientific Spinal Cord Stimulator (SCS) Systems* are indicated as an aid in the management of chronic intractable pain of the trunk and/or limbs including unilateral or bilateral pain associated with the following: Failed Back Surgery Syndrome, Complex Regional Pain Syndrome (CRPS) Types I and II, Intractable low back pain and leg pain, Diabetic Peripheral Neuropathy of the lower extremities, Radicular pain syndrome, Radiculopathies resulting in pain secondary to failed back syndrome or herniated disc, Epidural fibrosis, Degenerative disc disease (herniated disc pain refractory to conservative and surgical interventions), Arachnoiditis, Multiple back surgeries. The Boston Scientific Spectra WaveWriter™, WaveWriter Alpha™ and WaveWriter Alpha™ Prime SCS Systems are also indicated as an aid in the management of chronic intractable unilateral or bilateral low back and leg pain without prior back surgery.

*The Boston Scientific Spinal Cord Stimulator (SCS) Systems include the following: Precision™ System, Precision Spectra™ System, Precision Novi™ System, Precision Montage™ MRI System, Spectra WaveWriter™ System, WaveWriter Alpha™ System, WaveWriter Alpha™ Prime System.

Note: CRPS I was previously referred to as Reflex Sympathetic Dystrophy (RSD) and CRPS II was previously referred to as causalgia.

The mySCS™ Go Therapy Controller is intended to communicate with and control the compatible Boston Scientific Stimulator.

Contraindications: The Boston Scientific Spinal Cord Stimulator systems are not for patients who are unable to operate the system, have failed trial stimulation by failing to receive effective pain relief, are poor surgical candidates, or are pregnant.

Warnings: With all medical procedures, there are risks associated with the procedure and the use of the device. Patients implanted with Boston Scientific Spinal Cord Stimulator systems without ImageReady™ MRI Technology should not be exposed to Magnetic Resonance Imaging (MRI). Exposure to MRI may result in dislodgement of the stimulator or leads, heating of the stimulator, severe damage to the stimulator electronics and an uncomfortable or jolting sensation. As a Spinal Cord Stimulation patient, you should not have diathermy as either a treatment for a medical condition or as part of a surgical procedure. Strong electromagnetic fields, such as power generators or theft detection systems, can potentially turn the stimulator off, or cause uncomfortable jolting stimulation. The system should not be charged while sleeping. The Boston Scientific Spinal Cord Stimulator system may interfere with the operation of implanted sensing stimulators such as pacemakers or implanted cardiac defibrillators. Advise your physician that you have a Spinal Cord Stimulator before going through with other implantable device therapies so that medical decisions can be made and appropriate safety measures taken. Patients using therapy that generates paresthesia should not operate motorized vehicles such as automobiles or potentially dangerous machinery and equipment with the stimulation on. Stimulation must be turned off first in such cases. For therapy that does not generate paresthesia (i.e. subperception therapy) it is less likely that sudden stimulation changes resulting in distraction could occur while having stimulation on when operating moving vehicles, machinery, and equipment.

Be sure to talk with your doctor so that you thoroughly understand all of the risks, precautions, and benefits associated with the use of the device and what indicates, and contraindicates, certain patients– as well as the risks and precautions for the procedure. For complete indications for use, contraindications, warnings, precautions, and side effects, call 866.360.4747 or visit Pain.com.

Caution: U.S. Federal law restricts this device to sale by or on the order of a physician.

Indications for use: The Intracept™ Intraosseous Nerve Ablation System is indicated for patients who have had chronic low back pain for at least six months, who have tried conservative care for at least six months, and whose MRI shows features consistent with Modic changes – indicating damage at the vertebral endplates has led to inflammation. Not every patient who meets these criteria is a candidate for the Intracept Procedure, however – in fact, there are specific characteristics indicating a patient should not be considered for the procedure.

Contraindications: Patients who are pregnant. Patients with weakened cardiac or pulmonary function, having an active implanted electronic medical device in the body (such as a pacemaker or defibrillator), being diagnosed with a systemic or local infection, or having an anatomy that could be damaged unintentionally while ablating the basivertebral nerve (based on your physicians' clinical review). Patients who are skeletally immature – which generally means individuals under the age of 18 are not candidates.

Warnings: There are also certain risks and precautions regarding the procedure which you should be aware of before proceeding. With all medical procedures, there are risks and precautions associated with the procedure and the use of the device, talk with your doctor about what indicates, and contraindicates, certain patients for the Intracept Intraosseous Nerve Ablation System. For complete indications for use, contraindications, warnings, precautions, and side effects visit www.relievant.com/intracept/.

Caution: U.S. Federal law restricts this device to sale by or on the order of a physician.

Indications for Use: The Boston Scientific Radiofrequency Generators, associated Radiofrequency Lesion Probes and RF Cannula are indicated for use in procedures to create radiofrequency lesions for the treatment of pain or for lesioning nerve tissue for functional neurosurgical procedures. The Boston Scientific RF Injection Electrodes are used for percutaneous nerve blocks with local anesthetic solution for radiofrequency lesioning of peripheral nerve tissue only. The Boston Scientific LCED and Stereotactic TCD Electrodes are indicated for use in radiofrequency (RF) heat lesioning of nervous tissue including the Central Nervous System.

Warnings: With all medical procedures, there are risks associated with the procedure and the use of the device. The Boston Scientific RF devices may cause interference with active devices such as neurostimulators, cardiac pacemakers, and defibrillators. Interference may affect the action of these active devices or may damage them. Talk with your doctor so that you thoroughly understand all of the risks, precautions, and benefits associated with the use of the Boston Scientific Radiofrequency Generators, associated Radiofrequency Lesion Probes and RF Cannula and what indicates, and contraindicates, certain patients– as well as the risks and precautions for the procedure. For appropriate guidance, consult the instructions for use for these active devices.

Caution: U.S. Federal law restricts this device to sale by or on the order of a physician.