

## **North Bristol NHS Trust TENS Personal Record**

This Personal Record has been written to help you to make the most of your TENS machine, as you learn to use it in different situations. It guides you through some of the specific situations in which other people have used their TENS machines. These include:

- To help with particular activities
- To help when the pain increases (a pain flare-up)
- To help at certain times of day
- To use in addition to medication
- To help when reducing medication

Take your time to work your way through the booklet to find out more about different ways of using TENS. You don't need to try all of these: just choose the ones that seem relevant to you. When you are ready, try using your TENS in some of those situations to see if it might help.

You can use this Personal Record together with the TENS information sheet which the Pain Clinic has written, to help you to use your TENS machine.

## Sitting

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Do you have difficulty sitting for as long as you want to because of your pain? This might affect your ability to manage journeys, sit in cinemas, go to the theatre, sit in restaurants, or watch TV for as long as you want to.

Please circle: YES I have difficulty sitting

NO I have no difficulty sitting

**If you circled 'NO', please go to the next page.**

*If you have not yet tried TENS for sitting, please do so, and come back to complete this page when you have tested it.*

When you have tried TENS when sitting, does it help you with how long you can sit for, or with how your pain feels when you're sitting? Please try and think about the "overall" benefit of TENS.

Does it make the situation:

Very much better	Better	A little better	No change	A little worse	Worse	Much worse
<input type="checkbox"/>						

Use this space to write down anything you have learnt about your use of TENS for sitting (e.g. the amount of time that you used TENS, the settings, where you placed the pads)

## Standing

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Do you have difficulty standing up for as long as you want to because of your pain? This might affect your ability to manage queues, visit galleries and museums, or go to parties.

Please circle: YES I have difficulty standing

NO I have no difficulty standing

**If you circled 'NO', please go to the next page.**

*If you have not yet tried TENS for standing, please try this out, and come back to complete this page when you have tested it.*

When you have tried TENS when standing, does it help you with how long you can stand for, or with how your pain feels when you're standing? Please try and think about the "overall" benefit of TENS.

Does it make the situation:

Very much better	Better	A little better	No change	A little worse	Worse	Much worse
<input type="checkbox"/>						

Use this space to write down anything you have learnt about your use of TENS for standing (e.g. the amount of time that you used TENS, the settings, where you placed the pads):

## Walking

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Do you have difficulty walking for as long as you want to because of your pain? This might affect your ability to manage shopping, travel, or visit places.

Please circle: YES I have difficulty walking

NO I have no difficulty walking

**If you circled 'NO', please go to the next page.**

*If you have not yet tried TENS for walking, please try this out, and come back to complete this page when you have tested it.*

When you have tried TENS when walking, does it help you either with how long you can walk for, or with how your pain feels when you're walking? Please try and think about the "overall" benefit of TENS.

Does it make the situation:

Very much better	Better	A little better	No change	A little worse	Worse	Much worse
<input type="checkbox"/>						

Use this space to write down anything you have learnt about your use of TENS for walking (e.g. the amount of time that you used TENS, the settings, where you placed the pads):

## Housework

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Do you have difficulty doing housework for as long as you want to because of your pain? This might affect your ability to manage ironing, dusting, general cleaning and using a vacuum cleaner.

Please circle: YES I have difficulty doing housework

NO I have no difficulty doing housework

**If you circled 'NO', please go to the next page.**

*If you have not yet tried TENS when doing housework, please try this out, and come back to complete this page when you have tested it.*

When you have tried TENS when doing housework, does it help you either with how long you can do housework for, or with how your pain feels when you are doing it? Please try and think about the "overall" benefit of TENS.

Does it make the situation:

Very much better	Better	A little better	No change	A little worse	Worse	Much worse
<input type="checkbox"/>						

Use this space to write down anything you have learnt about your use of TENS for housework (e.g. the amount of time that you used TENS, the settings, where you placed the pads):

## **Activities involving concentration e.g. reading, watching TV**

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Do you have difficulty concentrating for as long as you want to because of your pain? This might affect your ability to manage reading, watching TV, or using a computer, for example.

Please circle: YES I have difficulty concentrating

NO I have no difficulty concentrating

**If you circled 'NO', please go to the next page.**

*If you have not yet tried TENS when doing activities that need you to concentrate, please try this out, and come back to complete this page when you have tested it.*

When you have tried TENS for activities when need you to concentrate, does it help you either with how long you can do the activity for, or with how well you can manage the activity? Please try and think about the "overall" benefit of TENS.

Does it make the situation:

Very much better	Better	A little better	No change	A little worse	Worse	Much worse
<input type="checkbox"/>						

Use this space to write down anything you have learnt about your use of TENS for concentrating (e.g. the amount of time that you used TENS, the settings, where you placed the pads):

## Activities involving using travelling as a passenger

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Do you have difficulty travelling as a passenger by car, taxi, bus or train because of your pain?

Please circle: YES I have difficulty travelling as a passenger

NO I have no difficulty travelling as a passenger  
**If you circled 'NO', please go to the next page.**

*If you have not yet tried TENS when travelling as a passenger, please try this out, and come back to complete this page when you have tested it.*

When you have tried TENS when travelling as a passenger, does it help you either with how long you can travel for, or with how your pain feels when you're travelling? Please try and think about the "overall" benefit of TENS.

Does it make this situation:

Very much better	Better	A little better	No change	A little worse	Worse	Much worse
<input type="checkbox"/>						

Use this space to write down anything you have learnt about your use of TENS for travelling (e.g. the amount of time that you used TENS, the settings, where you placed the pads):

## Activities involving bending

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Do you have difficulty bending because of your pain?

Please circle: YES I have difficulty bending

NO I have no difficulty bending

**If you circled 'NO', please go to the next page.**

*If you have not yet tried TENS when bending, please try this out, and come back to complete this page when you have tested it.*

When you have tried TENS when bending, does it help you either with how well you can bend, or with how your pain feels when you're bending? Please try and think about the "overall" benefit of TENS.

Does it make the situation:

Very much better	Better	A little better	No change	A little worse	Worse	Much worse
<input type="checkbox"/>						

Use this space to write down anything you have learnt about your use of TENS for bending (e.g. the amount of time that you used TENS, the settings, where you placed the pads):

## Pain flare-ups

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Do you have periods of time when your pain increases and becomes very severe for a day or more? This is often known as a pain “flare-up”. During a flare-up, people may notice that other problems are worse such as fatigue, muscle spasm, mobility, sleep, low mood and irritability.

Please circle: YES I have pain flare-ups

NO I do not have pain flare-ups

**If you circled ‘NO’, please go to the next page.**

*If you have not yet tried TENS during a flare-up of pain, please try this out when you next have a flare-up, and come back to complete this page when you have tested it.*

Please try and think about the “overall” benefit of TENS during a pain flare-up.

Does it make the situation:

Very much better	Better	A little better	No change	A little worse	Worse	Much worse
<input type="checkbox"/>						

Use this space to write down anything you have learnt about your use of TENS for flare-ups (e.g. the amount of time that you used TENS, the settings, where you placed the pads):

## **Time of day: for morning stiffness**

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Do you have trouble getting moving in the morning because of stiffness?

- Please circle: YES I have trouble getting moving in the morning because of stiffness
- NO I do not have trouble getting moving in the morning because of stiffness  
**If you circled 'NO', please go to the next page.**

*If you have not yet tried TENS for morning stiffness, please try this out and come back to complete this page when you have tested it.*

Please try and think about the "overall" benefit of TENS when you have used it to help with stiffness in the morning.

Does it make the situation:

Very much better	Better	A little better	No change	A little worse	Worse	Much worse
<input type="checkbox"/>						

Use this space to write down anything you have learnt about your use of TENS for morning stiffness:

## **Time of day: planned rest**

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Some people plan to spend some time in the day resting, to help to manage their pain and to recuperate. The rest period can help some people who have pain and fatigue.

Please circle: YES I have planned rest in the day

NO I do not have planned rest in the day

**If you circled 'NO', please go to the next page.**

*If you have not yet tried TENS during a planned rest period, please try this out when you next have a planned rest, and come back to complete this page when you have tested it.*

Please try and think about the “overall” benefit of TENS during a planned rest period.

Does it make the situation:

Very much better	Better	A little better	No change	A little worse	Worse	Much worse
<input type="checkbox"/>						

Use this space to write down anything you have learnt about your use of TENS for planned rest (e.g. the amount of time that you used TENS, the settings, where you placed the pads):

## Time of day: before sleep

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Some people have difficulty falling asleep because of pain. This might be a problem before they first try to fall asleep at night, or it might be a problem if they wake in the night, and have difficulty falling asleep again.

Please circle: YES I have difficulty falling asleep because of pain  
NO I do not have difficulty falling asleep because of pain  
**If you circled 'NO', please go to the next page.**

*If you have not yet tried TENS during a time when you are trying to fall asleep, please try this out when you next have difficulty falling asleep, and come back to complete this page when you have tested it. It is sensible to make sure that your skin tolerates the pads before you try it in this way, in case you fall asleep with the pads still attached.*

Please try and think about the “overall” benefit of TENS when you try to fall asleep.

Does it make the situation:

Very much better	Better	A little better	No change	A little worse	Worse	Much worse
<input type="checkbox"/>						

Use this space to write down anything you have learnt about your use of TENS for sleep (e.g. the amount of time that you used TENS, the settings, where you placed the pads):

## Specific use: distraction from the pain

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Some people have difficulty taking their mind off the pain. They might try to distract themselves from the pain using activities, or listening to music for example.

Please circle: YES I have difficulty taking my mind off the pain

NO I do not have difficulty taking my mind off the pain

**If you circled 'NO', please go to the next page.**

*If you have not yet tried TENS to take your mind off the pain, please try this out, and come back to complete this page when you have tested it.*

Please try and think about the "overall" benefit of TENS when you try to take your mind off the pain.

Does it make the situation:

Very much better	Better	A little better	No change	A little worse	Worse	Much worse
<input type="checkbox"/>						

Use this space to write down anything you have learnt about your use of TENS for distraction (e.g. the amount of time that you used TENS, the settings, where you placed the pads):

## **Specific use: help with muscle tension/spasm**

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Some people have difficulty with muscle tension or muscle spasm.

- Please circle: YES I have difficulty with muscle tension or muscle spasm
- NO I do not have difficulty with muscle tension or muscle spasm  
**If you circled 'NO', please go to the next page.**

*If you have not yet tried TENS to reduce muscle tension or muscle spasm, please try this out, and come back to complete this page when you have tested it.*

Please try and think about the “overall” benefit of TENS when you try to reduce muscle tension or muscle spasm.

Does it make the situation:

Very much better	Better	A little better	No change	A little worse	Worse	Much worse
<input type="checkbox"/>						

Use this space to write down anything you have learnt about your use of TENS to reduce muscle tension or muscle spasm (e.g. the amount of time that you used TENS, the settings, where you placed the pads):

## **Specific TENS use: to help reduce pain medication**

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Some people use TENS to reduce the number of painkillers they use. Do you use pain medication, either in the form of tablets, creams or pain patches?

Please circle: YES I use pain medication

NO I do not use pain medication

**If you circled 'NO', please go to the next page.**

If you wish to reduce your medication dose, AND you have tried your TENS machine in this way, please circle the one number that describes how TENS has helped you to reduce your pain medication:

Did not help  
me to  
reduce my  
medication

Helped me  
to reduce  
my medication  
dose completely

0      1      2      3      4      5      6      7      8      9      10

Use this space to write down anything you have learnt about your use of TENS for reducing pain medication (e.g. the amount of time that you used TENS, the settings, where you placed the pads):



