INTERNATIONAL SPINAL CORD INJURY DATA SETS
PAIN BASIC DATA SET

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This interdisciplinary working group was assembled based on published research expertise in the area of spinal cord injury related pain. Individuals with expertise in SCI with regard to the clinical condition of pain, pain taxonomy, psychophysics of pain, psychology, epidemiology and assessment of pain were recommended by the presidents of some of the major organizations with an interest in SCI-related pain (i.e., the ISCoS, ASIA, APS and IASP). Most of the committee members have memberships in several of these organizations.

Chronic pain is one of the most frequently reported reasons for reduced quality of life following spinal cord injury (SCI) Stensman 1994; Westgren & Levi, 1998). Pain taxonomies for SCI (Siddall et al., 2000; Bryce & Ragnarsson, 2001) classify pain as neuropathic or nociceptive, and according to level of injury. The neuropathic pains are usually associated with evoked pain, such as allodynia or hyperalgesia (Eide et al., 1996; Finnerup et al., 2001). The clinical presentation of pain associated with SCI is highly complex in that different pain types are often present simultaneously. Furthermore, the refractory nature of pain following SCI and the associated psychosocial distress emphasize the need for a greater understanding of not only pathophysiological but also psychosocial mechanisms in the generation and maintenance of SCI-related pain and pain-related suffering. Ideally an effective treatment strategy should be tailored to specific pain-generating mechanisms in each individual. However, because of insufficient knowledge about the precise clinical symptoms and signs associated with a specific mechanism, this is not currently possible (Hansson, 2002).

In the clinical setting, information is collected that is important for the treatment decisions concerning the pain condition. Although physicians who treat individuals with SCI routinely collect clinical information, a standardized way to collect data concerning pain in persons with SCI is lacking. In order to expedite the development of beneficial treatments, it is important to evaluate the outcomes of treatments in a consistent manner. This would facilitate research collaboration between clinical centers and therefore result in larger well designed clinical pain trials in this population. The use of comparable sets of outcome measures in clinical practice

and in trials would increase efficiency and greatly facilitate the translation, interpretation, and application of results to enhance the successful management of SCI related pain.

The purpose of the International Spinal Cord Injury Pain Data Set (ISCIPDS) is to standardize the collection and reporting of pain in the SCI population. The ISCIPDS contains a **basic** (ISCIPDS:B) and an **extended** (ISCIPDS:E) part. The IPDS:B contains a minimal amount of clinically relevant information concerning pain that can be collected in the daily practice of healthcare professionals with expertise in SCI. In addition, the evaluation should be logistically feasible in various settings and countries. Although the intent of the ISCIPDS:B is to evaluate each separate pain problem, it may also be used to only evaluate the most significant or "worst" pain problem if there are time constraints. The IPDS:E is primarily intended to be used for research purposes. The overall purpose of the IPDS concurs with the purpose and vision of the International Spinal Cord Injury Data Sets (Biering-Sørensen et al., 2006) and should be used in conjunction with data in the International SCI Core Data Set (DeVivo et al., 2006). The SCI Core Data Set includes information on date of birth and injury, gender, the cause of spinal cord lesion, and neurological status. In addition, the Core Data Set contains information on whether a vertebral injury was present, whether spinal surgery was performed, whether associated injuries were present, whether the patient with spinal cord lesion was ventilator-dependent at the time of discharge from initial inpatient care, and the place of discharge from initial inpatient care.

Background
The Initiative on Methods, Measurement, and Pain Assessment in Clinical Trials (IMMPACT) has recommended that clinical pain trials designed to evaluate the effectiveness of a therapy, should **consider** including a core set of outcomes (Dworkin et al., 2005). It was suggested that the assessment of pain severity, physical and emotional functioning would best capture the multidimensional nature of pain. However, it was also emphasized that complimentary measures should be added when appropriate for specific pain populations. After SCI, a decrease in physical function may be more related to the physical impairments of SCI rather than to pain; therefore, a decrease in function **due to** pain, i.e., pain interference should be assessed (Widerström & Turk, 2004). These outcome domains are relevant both for clinical trials and clinical practice.

The questions in the IPDS:B are based upon these three domains but adapted to consider the special issues related to SCI (i.e., several simultaneous different pain problems, physical impairments, etc.). The aspects regarding the specific nature of SCI related pain includes in addition to a pain intensity rating for each specific pain, a classification of pain and questions related to temporal pattern. Pain interference is addressed using selected items from the Multidimensional Pain Inventory (the MPI-SCI) and three additional questions specifically addressing pain interference with activities, mood and sleep.

Endorsement:
The Basic Pain Dataset has been officially endorsed by the ISCoS, ASIA, IASP and the APS.

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SYLLABUS (instructions) – Version 1.1

Each variable and each response category within each variable have been specifically defined in a way that is designed to facilitate the collection of a uniform basic data set.

VARIABLE NAME:	**Date of data collection**

DESCRIPTION: This variable documents the date of data collection

CODES: YYYY/MM/DD

COMMENTS: The collection of data on Pain may be carried out at any time after the spinal cord injury. The *Date of data collection* variable is necessary in order to identify when the data were collected. This variable provides a way to relate the collected data to other data collected on the same individual at various time points.

VARIABLE NAME: **Have you had any pain during the last 7 days including today?**

DESCRIPTION: This variable documents the presence of any type of pain during the last 7 days.

CODES: No
Yes

COMMENTS: To be able to evaluate any present, chronic, and intermittent pain related and unrelated to the spinal cord injury. Pain is defined by the International Association for the Study of Pain (IASP) as "An unpleasant sensory and emotional experience associated with actual or potential tissue damage, or described in terms of such damage" (Merskey & Bogduk, 1994).

The seven day interval was chosen in order to be able to capture current pain and both constant and intermittent chronic pain that may be clinically relevant and to have the same time frame in all data sets.

This question can also be used as Basic Pain Question in other questionnaires, i.e. gate question to the Pain Basic Data Set.

VARIABLE NAME**:** **If yes, how many different pain problems do you have?**

DESCRIPTION: This variable determines how many different pain problems an individual perceives that he or she has experienced during the last seven days including today. A "pain problem" is defined by the person himself as a pain that has a specific character. Please note that one pain problem can be located in one or several areas.

CODES: 1 - One pain problem
2 - Two pain problems
3 - Three pain problems
4 - Four pain problems
5 - Five or more pain problems

COMMENTS: Data from previous studies suggest that persons with SCI rarely have more than 5 different pain problems. Persons who experience SCI related chronic pain can usually differentiate between different pain problems. Although unusual, it is possible to have two different types of pain in overlapping areas. An example would be musculoskeletal shoulder pain in a person with cervical injury and neuropathic pain at the level of injury.

Description of the three worst pain problems

COMMENTS:	Each person is only required to describe the three worst pain problems he or she is currently experiencing (within the last 7 days). The reasons for this are twofold. First, most people with SCI experience three or fewer pain problems. Second, describing the details of more than three different simultaneous pain problems may induce errors in the data collection. Please note that the forms should be completed in a columnar fashion for each pain problem and not be read across.

VARIABLE NAME:	**Location(s) of pain** (check all that apply including right side, midline and/or left side)
DESCRIPTION:	This variable contains information concerning the location of pain.

CODES:

Head   right side, midline and/or left side
Neck/shoulders
    throat   right side, midline and/or left side
    neck   right side, midline and/or left side
    shoulder   right and/or left side
Arms/hands
    upper arm   right and/or left side
    elbow   right and/or left side
    forearm   right and/or left side
    wrist   right and/or left side
    hand/fingers right and/or left side
Frontal torso/genitals
    chest   right side, midline and/or left side
    abdomen   right side, midline and/or left side
    pelvis/gentalia right side, midline and/or left side
Back
    upper back   right side, midline and/or left side
    lower back   right side, midline and/or left side
Buttocks/hips
    buttocks   right and/or left side
    hip   right and/or left side
    anus   midline
Upper legs/thighs   right and/or left side
Lower legs/feet
    knee   right and/or left side
    shin   right and/or left side
    calf   right and/or left side
    ankle   right and/or left side
    foot/toes   right and/or left side

COMMENTS:	This division into pain areas is based on a pain drawing originally described by Margolis et al.,1988 but which was since recalculated into 8 principal areas (Widerström-Noga et al., 2001): (1) head; (2) neck/shoulders; (3) arms/hands; (4) frontal torso/genitals; (5) back; (6) buttocks/hips; (7) Upper legs/thighs; and (8) Lower legs/feet. Within each of these 8 pain locations, further divisions into more precise locations can be made. For example, in the "arms/hand" category specification of wrist, elbow pain etc. can be made if needed. Each individual is asked to describe the location of all present pain. Please indicate right (R), midline (M) and/or left (L) side.

The descriptions of the pain locations in the Basic Pain Data Set are meant to be based on each individual's perception of the location of pain, and can be used to follow pain at

subsequent visits. Therefore, the delineations of these areas are not defined with precise anatomical landmarks. Several locations may be given for each pain problem, e.g., neck and either shoulders, or pain in the abdomen extending into the buttocks and thighs areas and further down to the feet.

VARIABLE NAME:	**Type of pain**
DESCRIPTION:	This variable documents the type of pain present.
CODES:	Musculoskeletal (Nociceptive)
	Visceral (Nociceptive)
	Other (Nociceptive)
	At-level (Neuropathic)
	Below-level (Neuropathic)
	Other (Neuropathic)
	Unknown

COMMENTS: Six broad types of pain are specified based on pain types identified in previous SCI pain taxonomies (Donovan et al., 1982; Siddall et al., 2000; Bryce & Ragnarsson, 2001; Cardenas et al., 2002) and based on prevalence in the SCI population. ***Please note that the ASIA Impairment scale (Marino et al., 2003) is to be used as an integral part of the SCI pain classification.*** Nociceptive pains that are less prevalent or not directly related to SCI and not categorized as musculoskeletal or visceral can be classified as "*Other (Nociceptive)*". One additional category has been added to the previous taxonomy, i.e., *Other (Neuropathic)*. This was made in order to distinguish those pains that are not associated with a lesion or disease affecting the spinal cord or nerve roots. *"Unknown* should be used when it is not possible to classify the pain into one of the categories listed above. It is not to be used to indicate that the underlying pathology is unknown.

The type of pain should be coded using the following criteria:
Musculoskeletal (Nociceptive) pain refers to pain occurring in a region where there is preserved sensation above, at or below the neurological level of injury and which is believed to be arising from musculoskeletal structures. The presence of this type of pain is suggested by pain descriptors such as dull or aching, pain related to movement, tenderness of musculoskeletal structures on palpation, response to anti-inflammatory medications and evidence of skeletal pathology on imaging consistent with the pain presentation. Examples include: mechanical pain, spinal fractures, muscular injury, shoulder overuse syndromes and muscle spasm (Donovan et al., 1982; Siddall et al., 2000; Bryce & Ragnarsson, 2001; Cardenas et al., 2002).
Visceral (Nociceptive) pain refers to pain usually located in the thorax or abdomen and believed to be generated in visceral structures. The presence of this type of pain is suggested by characteristics such as dull, aching or cramping and a relationship to visceral pathology or dysfunction, e.g., infection or obstruction (Donovan et al., 1982; Siddall et al., 2000; Bryce & Ragnarsson, 2001; Cardenas et al., 2002). Examples include urinary tract infection, ureteric calculus and bowel impaction. Note: Failure to find evidence of visceral pathology or failure to respond to treatment directed at visceral pathology may indicate the presence of neuropathic pain (see below).
Other (Nociceptive) pain refers to nociceptive pains that may be present but do not fall into the musculoskeletal or visceral categories (Bryce & Ragnarsson, 2001). Examples include pain associated with ulceration of the skin and headache. These pains may be directly related to SCI (e.g., pressure areas and dysreflexic headache) or unrelated to SCI (e.g., migraine). This category has been included to provide a classification for nociceptive pains that have low prevalence or that are not specifically related to SCI.
At-level (Neuropathic) pain refers to neuropathic pain presenting in a segmental pattern. A necessary condition for this to occur is that there is a lesion or disease affecting the spinal cord or nerve roots. At-level neuropathic pain is perceived anywhere within the dermatome of the level of neurological injury and three dermatomes below this level. Pain

which occurs in this distribution which cannot be attributed to a lesion or disease affecting the spinal cord or nerve roots should be classified as *other (Neuropathic)*. This pain is often characterized as burning, electric or shooting. Sensory changes such as allodynia or hyperalgesia within the pain distribution are often found. The pain may be unilateral or bilateral (Siddall et al., 2000; Bryce & Ragnarsson, 2001).Note: Neuropathic pain associated with cauda equina damage is radicular in nature and therefore defined as at level (neuropathic) pain regardless of distribution.

Below-level (Neuropathic) pain refers to neuropathic pain that is present in the region more than three dermatomes below the neurological level of injury. A necessary condition for this to occur is that there is a lesion or disease affecting the spinal cord. Pain which occurs in this distribution which cannot be attributed to a lesion or disease affecting the spinal cord should be classified as *other (Neuropathic)*.This pain typically has characteristics such as burning, electric or shooting qualities and a diffuse, regional distribution. Sensory changes such as allodynia or hyperalgesia may be present. If the pain is present in the region within three dermatomes below the neurological level of injury <u>as well as</u> more than three dermatomes below the level, the pain is classified as at- and below-level (neuropathic) unless the person is able to distinguish a separate at-level (neuropathic) component. If two separate pains are distinguishable, the two pain types (at-level (neuropathic) and below-level (neuropathic)) must be classified and documented as different pains. If the neuropathic pain is present both at <u>and</u> below the level of injury and the patient is unable to distinguish two separate pain problems, both *At-level (Neuropathic)* and *Below-level (Neuropathic)* can be checked*.

Other (Neuropathic) pain refers to neuropathic pains that are present above, at or below the neurological level of injury but are not directly related to the SCI. Examples include postherpetic neuralgia, pain associated with diabetic neuropathy, central post stroke pain, and compressive mononeuropathies (Siddall et al., 2000; Bryce & Ragnarsson, 2001).

VARIABLE NAME: **Average pain intensity in the last week**

DESCRIPTION: A 0 – 10 Numerical Rating Scale (ranging from 0 = "No pain" to a maximum of 10 = "Pain as bad as you can imagine") of average pain intensity for (up to) three pain problems (the three worst pain problems respondents experience). Please note that "last week" specifically refers to *the last seven days including today.*

CODES: 0
1
2
3
4
5
6
7
8
9
10

COMMENTS: Pain intensity is the most common pain domain assessed in research and clinical settings. Although different rating scales have proven to be valid for assessing pain intensity, including the Numerical Rating Scale (NRS), the Verbal Rating Scale (VRS), and the Visual Analogue Scale (VAS), the 0 – 10 NRS has the most strengths and fewest weaknesses of available measures (Jensen & Karoly, 2001). Moreover the 0 – 10 NRS, and specifically the 0 – 10 with the endpoints listed, has been recommended by the IMMPACT consensus group for use in pain clinical trials (Dworkin et al., 2005) and by the 2006 NIDRR SCI Pain outcome measures consensus group (Bryce et al., 2007), so

using this measure will help ensure consistency in the assessment of average pain intensity across studies.

The seven day time frame was selected to balance the need to assess pain over a long enough epoch to capture usual pain, against the need to keep the time frame short enough to maximize recall accuracy.

VARIABLE NAME: **Date of onset**

DESCRIPTION: This variable specifies the date this particular pain problem started, i.e. the worst, second worst or third worst pain problem.

CODES: YYYY/MM/DD

COMMENTS: If the day of the month is unknown, record 99. If the month of the year is unknown, record 99. The year should be given as an approximation if it is not known.

VARIABLE NAME: **Number of days with pain in the last 7 days including today**

DESCRIPTION: This variable specifies the total number of days with pain during the last 7 days, including today.

CODES: 0 – none
1 – one day
2 – two days
3 – three days
4 – four days
5 – five days
6 – six days
7 – seven days
Unknown

COMMENTS: "Today" is the day the subject answers the question regardless time of day. The duration of pain during the day does not matter in answering this question.

VARIABLE NAME: **How long does your pain usually last?**

DESCRIPTION: This variable provides an estimate of the duration of pain. Some pain types are very brief they may be felt several times per day. This question refers to the duration of each separate pain event.

CODES: One minute or less
More than one minute but less than one hour
At least one hour, but less than 24 hours
At least 24 hours but not continuous
Constant or continuous
No pain
Unknown

COMMENTS: The duration of pain can be defined when a specific pain follows a predictable pattern. If no predictable pattern for a specific pain exists, the answer "unknown" is given.

VARIABLE NAME: **When is the pain most intense?**

DESCRIPTION: This variable identifies the diurnal peak in pain intensity.

CODES: Morning
Afternoon
Evening
Night
Unpredictable; pain is not consistently more intense at any one time of day

COMMENTS: "Morning" is between 6.01 am and 12.00 am (06.01 and 12.00)
"Afternoon" is between 12.01 am and 6.00 pm (12.01 and 18.00)
"Evening" is between 6.01 pm and 12.00 pm (18.01 and 24.00)
"Night" is between 0.01am and 6.00 am (00.01 and 06.00)

Pain Interference

This section contains three items from the Life Interference (LI) subscale of the Multidimensional Pain Inventory SCI version (MPI-SCI) evaluating impact of pain on activities in general and on recreational, social and family-related activities, and three items specifically asking about pain interference with general activities, mood and sleep.

The 8 item MPI-SCI LI subscale is recommended for assessing Pain Interference in SCI (Bryce et al., 2007). The validity and reliability of the MPI-SCI LI subscale have been established for the SCI chronic pain population (Widerström-Noga et al., 2006). This included convergent construct validity, i.e., strong correlation (r=0.61) with a measure of a similar construct (Pain Disability Index; Tait et al., 1994), excellent internal consistency (r=0.90) and test-retest (r=0.81) values. In addition, a multiple regression analysis showed that LI significantly predicted satisfaction with life in persons with SCI and pain. The three selected questions had high factor loadings on the LI factor (Widerström-Noga et al., 2002). The internal consistency of these three items is 0.80 and test-retest is 0.78.

The three additional interference items were written for and included in the data set given the need for (1) the availability of a single item that could be used to assess the domain of pain interference; and (2) the need to ensure assessment of pain interference on mood and sleep (not assessed by the MPI-SCI LI), two key interference domains.

In this section pain interference *during the last week* apply to all questions.

MPI-SCI
VARIABLE NAME: **How much do you limit your activities in order to keep your pain from getting worse?**

DESCRIPTION: This variable asks about the extent to which an individual limit his/her activities due to pain. The answers are given on a 0– 6 Numerical Rating Scale (ranging from 0="Not at all" to 6= "Very much").

CODES: 0
1
2
3
4
5
6

COMMENTS:
This item had a factor loading of 0.93 on the Life Interference factor (Widerström-Noga et al., 2002).

VARIABLE NAME: **How much has your pain changed your ability to take part in recreational and other social activities?**

DESCRIPTION: This variable asks about the extent to which pain has changed an individual's ability to participate in recreational and social activities. The answers are given on a 0– 6 Numerical Rating Scale (ranging from 0="No change" to 6= "Extreme change").

CODES: 0
1
2
3
4
5
6

COMMENTS: This item had a factor loading of 0.91 on the Life Interference factor (Widerström-Noga et al., 2002).

VARIABLE NAME: **How much has your pain changed the amount of satisfaction or enjoyment you get from family-related activities?**

DESCRIPTION: This variable asks about the extent to which pain has changed an individual's level of satisfaction or enjoyment from family-related activities. The answers are given on a 0– 6 Numerical Rating Scale (ranging from 0="No change" to 6= "Extreme change").

CODES: 0
1
2
3
4
5
6

COMMENTS: This item had a factor loading of 0.85 on the Life Interference factor (Widerström-Noga et al., 2002).

Pain Interference specifically related to General Activity, Mood and Sleep.

VARIABLE NAME: **In general, how much has pain interfered with your day-to-day activities in the last week?**

DESCRIPTION: A 0 – 6 Numerical Rating Scale (ranging from 0 = "No interference" to a maximum of 6 = "Extreme interference") of pain interference with general activity.

CODES: 0
1
2
3
4
5
6

COMMENTS: ***This question concerns how a person's specific pain problem interfered with general activity during the last seven days including today.*** Pain interference (the extent to which pain interferes with functioning and mood) is a key pain domain. An interference item that assesses general activity interference was designed specifically for this data-set in order to provide a global summary interference rating. Research will be needed to determine the psychometric properties of this newly written item.

VARIABLE NAME: **In general, how much has pain interfered with your overall mood in the past week?**

DESCRIPTION: A 0 – 6 Numerical Rating Scale (ranging from 0 = "No interference" to a maximum of 6 = "Extreme interference") of pain interference of mood.

CODES: 0
1
2
3
4
5
6

COMMENTS: ***This question concerns how a person's specific pain problem interfered with mood during the last seven days including today.*** An interference item that assesses mood interference was developed for this data set because pain is known to have a significant negative impact on mood for many patients, and pain's effect on mood is somewhat distinct from its effect on other functioning domains. Research will be needed to determine the psychometric properties of this newly written item.

VARIABLE NAME: **In general, how much has pain interfered with your ability to get a good night's sleep?**

DESCRIPTION: A 0 – 6 Numerical Rating Scale (ranging from 0 = "No interference" to a maximum of 6 = "Extreme interference") of pain interference of mood.

CODES: 0
1
2
3
4
5
6

COMMENTS: ***This question concerns how a person's specific pain problem interfered with his/her ability to get a good night's sleep during the last seven days including today.*** An interference item that assesses sleep interference was developed for this data set because pain is known to have a significant negative impact on sleep for many patients, and pain's effect on sleep is somewhat distinct from its effect on other functioning domains. Research will be needed to determine the psychometric properties of this newly written item.

VARIABLE NAME: **Are you using or receiving any <u>treatment</u> for your pain problem?**

DESCRIPTION: This variable documents any treatment the patient is using or receiving for any pain.

CODES: No
                    Yes

COMMENTS: By "treatment" is meant any prescribed or non-prescribed medical, surgical, psychological, or physical treatment that the patient is using or receiving *for pain that has been present the last seven days* to alleviate his/her pain/pains. This variable may include chronic and intermittent drug treatment, physical therapy, relaxation training, nerve blocks etc.

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PAIN BASIC DATA SET – FORM – Version 1.1

Date of data collection: YYYY/MM/DD

Have you had any pain during the last seven days including today:
    ☐ No   ☐ Yes

If yes, how many different pain problems did you have?
    ☐ 1; ☐ 2; ☐ 3; ☐ 4; ☐ ≥5

Please describe your <u>three</u> worst pain problems:

Worst pain problem:

Pain locations/sites (can be more than one, so check all that apply): right (R), midline (M), or left (L)	R	M	L	Type of pain (check all that apply)	Intensity and temporal pattern of pain
Head					**Average pain intensity in the last week:** 0 = no pain; 10 = pain as bad as you can imagine □ 0; □ 1; □ 2; □ 3; □ 4; □ 5; □ 6; □ 7; □ 8; □ 9; □ 10
Neck/shoulders				**Nociceptive** □ Musculoskeletal □ Visceral □ Other	
throat					
neck					
shoulder					
Arms/hands				**Neuropathic** □ At-level □ Below-level □ Other □ **Unknown**	**Date of onset:** YYYY/MM/DD
upper arm					**Number of days with pain in the last seven days including today:** □ none; □ 1; □ 2; □ 3; □ 4; □ 5; □ 6; □ 7; □ unknown
elbow					
forearm					
wrist					
hand/fingers					
Frontal torso/genitals					**How long does your pain usually last:** □ ≤ 1 min; □ > 1 min but < 1 hr; □ ≥ 1 hr but < 24 hrs; □ ≥ 24 hrs; □ constant or continuous; □ unknown
chest					
abdomen					
pelvis/genitalia					
Back					
upper back					
lower back					
Buttocks/hips					**When during the day is the pain most intense:** □ morning (06.01-12.00); □ afternoon (12.01-18.00); □ evening (18.01-24.00); □ night (00.01-06.00) □ unpredictable; pain is not consistently more intense at any one time of day
buttocks					
hip					
anus					
Upper legs/thighs					
Lower legs/feet					
knee					
shin					
calf					
ankle					
foot/toes					

Please note that the time period during the <u>last week</u> apply to all pain interference questions.
How much do you limit your activities in order to keep your pain from getting worse?
Not at all □ 0 - □ 1 - □ 2 - □ 3 - □ 4 - □ 5 - □ 6 Very much
How much has your pain changed your ability to take part in recreational and other social activities?
No change □ 0 - □ 1 - □ 2 - □ 3 - □ 4 - □ 5 - □ 6 Extreme change
How much has your pain changed the amount of satisfaction or enjoyment you get from family-related activities?
No change □ 0 - □ 1 - □ 2 - □ 3 - □ 4 - □ 5 - □ 6 Extreme change
In general, how much has pain interfered with your day-to-day activities in the last week?
No interference □ 0 - □ 1 - □ 2 - □ 3 - □ 4 - □ 5 - □ 6 Extreme interference
In general, how much has pain interfered with your overall mood in the past week?
No interference □ 0 - □ 1 - □ 2 - □ 3 - □ 4 - □ 5 - □ 6 Extreme interference
In general, how much has pain interfered with your ability to get a good night's sleep?
No interference □ 0 - □ 1 - □ 2 - □ 3 - □ 4 - □ 5 - □ 6 Extreme interference

Are you using or receiving any <u>Treatment</u> for your pain problem: □ No   □ Yes

Second worst pain problem:

Pain locations/sites (can be more than one, so check all that apply): right (R), midline (M), or left (L)	R	M	L	Type of pain (check all that apply)	Intensity and temporal pattern of pain
Head					**Average pain intensity in the last week:** 0 = no pain; 10 = pain as bad as you can imagine □ 0; □ 1; □ 2; □ 3; □ 4; □ 5; □ 6; □ 7; □ 8; □ 9; □ 10
Neck/shoulders				**Nociceptive** □ Musculoskeletal □ Visceral □ Other	
throat					
neck					
shoulder					
Arms/hands				**Neuropathic** □ At-level □ Below-level □ Other	**Date of onset:** YYYY/MM/DD
arm					
elbow					**Number of days with pain in the last seven days including today:** □ none; □ 1; □ 2; □ 3; □ 4; □ 5; □ 6; □ 7; □ unknown
forearm					
wrist				□ **Unknown**	
hand/fingers					
Frontal torso/genitals					**How long does your pain usually last:** □ ≤ 1 min;
chest					□ > 1 min but < 1 hr;
abdomen					□ ≥ 1 hr but < 24 hrs;
pelvis/genitalia					□ ≥ 24 hrs;
Back					□ constant or continuous; □ unknown
upper back					
lower back					
Buttocks/hips					**When during the day is the pain most intense:**
buttocks					□ morning (06.01-12.00);
hip					□ afternoon (12.01-18.00);
anus					□ evening (18.01-24.00);
Upper legs/thighs					□ night (00.01-06.00)
Lower legs/feet					□ unpredictable; pain is not consistently more intense at any one time of day
knee					
shin					
calf					
ankle					
foot/toes					

Please note that the time period during the <u>last week</u> apply to all pain interference questions.
How much do you limit your activities in order to keep your pain from getting worse?
Not at all □ 0 - □ 1 - □ 2 - □ 3 - □ 4 - □ 5 - □ 6 Very much
How much has your pain changed your ability to take part in recreational and other social activities?
No change □ 0 - □ 1 - □ 2 - □ 3 - □ 4 - □ 5 - □ 6 Extreme change
How much has your pain changed the amount of satisfaction or enjoyment you get from family-related activities?
No change □ 0 - □ 1 - □ 2 - □ 3 - □ 4 - □ 5 - □ 6 Extreme change
In general, how much has pain interfered with your day-to-day activities in the last week?
No interference □ 0 - □ 1 - □ 2 - □ 3 - □ 4 - □ 5 - □ 6 Extreme interference
In general, how much has pain interfered with your overall mood in the past week?
No interference □ 0 - □ 1 - □ 2 - □ 3 - □ 4 - □ 5 - □ 6 Extreme interference
In general, how much has pain interfered with your ability to get a good night's sleep?
No interference □ 0 - □ 1 - □ 2 - □ 3 - □ 4 - □ 5 - □ 6 Extreme interference

Are you using or receiving any <u>Treatment</u> for your pain problem: □ No   □ Yes

Third worst pain problem:

Pain locations /sites (can be more than one, so check all that apply): right (R), midline (M), or left (L)	R	M	L	Type of pain (check all that apply)	Intensity and temporal pattern of pain
Head					
Neck/shoulders				**Nociceptive**	**Average pain intensity in the last week:**
throat				☐ Musculoskeletal	0 = no pain; 10 = pain as bad as you can imagine
neck				☐ Visceral	☐ 0; ☐ 1; ☐ 2; ☐ 3; ☐ 4; ☐ 5;
shoulder				☐ Other	☐ 6; ☐ 7; ☐ 8; ☐ 9; ☐ 10
Arms/hands				**Neuropathic**	
upper arm				☐ At-level	**Date of onset:** YYYY/MM/DD
elbow				☐ Below-level	
forearm				☐ Other	**Number of days with pain in the last seven days including today:**
wrist					☐ none; ☐ 1; ☐ 2; ☐ 3; ☐ 4; ☐ 5; ☐ 6; ☐ 7;
hand/fingers				☐ **Unknown**	☐ unknown
Frontal torso/genitals					
chest					**How long does your pain usually last:**
abdomen					☐ ≤ 1 min;
pelvis/genitalia					☐ > 1 min but < 1 hr;
Back					☐ ≥ 1 hr but < 24 hrs;
upper back					☐ ≥ 24 hrs;
lower back					☐ constant or continuous;
Buttocks/hips					☐ unknown
buttocks					
hip					**When during the day is the pain most intense:**
anus					☐ morning (06.01-12.00);
Upper leg/thigh					☐ afternoon (12.01-18.00);
Lower legs/feet					☐ evening (18.01-24.00);
knee					☐ night (00.01-06.00)
shin					☐ unpredictable; pain is not consistently more intense at any one time of day
calf					
ankle					
foot/toes					

Please note that the time period during the last week apply to all pain interference questions.
How much do you limit your activities in order to keep your pain from getting worse?
Not at all ☐ 0 - ☐ 1 - ☐ 2 - ☐ 3 - ☐ 4 - ☐ 5 - ☐ 6 Very much
How much has your pain changed your ability to take part in recreational and other social activities?
No change ☐ 0 - ☐ 1 - ☐ 2 - ☐ 3 - ☐ 4 - ☐ 5 - ☐ 6 Extreme change
How much has your pain changed the amount of satisfaction or enjoyment you get from family-related activities?
No change ☐ 0 - ☐ 1 - ☐ 2 - ☐ 3 - ☐ 4 - ☐ 5 - ☐ 6 Extreme change
In general, how much has pain interfered with your day-to-day activities in the last week?
No interference ☐ 0 - ☐ 1 - ☐ 2 - ☐ 3 - ☐ 4 - ☐ 5 - ☐ 6 Extreme interference
In general, how much has pain interfered with your overall mood in the past week?
No interference ☐ 0 - ☐ 1 - ☐ 2 - ☐ 3 - ☐ 4 - ☐ 5 - ☐ 6 Extreme interference
In general, how much has pain interfered with your ability to get a good night's sleep?
No interference ☐ 0 - ☐ 1 - ☐ 2 - ☐ 3 - ☐ 4 - ☐ 5 - ☐ 6 Extreme interference

Are you using or receiving any Treatment for your pain problem: ☐ No   ☐ Yes

INTERNATIONAL SPINAL CORD INJURY DATA SETS
PAIN BASIC DATA SET – TRAINING CASES – Version 1.1

Training case 1

Date: May 26, 2008

This is a 34 year old man with a C6 AIS B cervical injury after a diving accident in 2000. He experiences two different pains, one in the legs and the other in the center of the abdomen. The pain in his abdomen started shortly about 6 years after his SCI and is the most problematic problem of the two. He describes this pain as "cramping" and "shooting" with an average intensity of 7/10. The pain occurs daily, but is intermittent, with periods of pain "flares" followed by periods of being free from the abdominal pain. Although the hour-long pain flares are usually worse in the afternoon compared to the morning, evening, or nighttime, they seem to be related to constipation. He has tried opioids and antidepressants but does not recall the names or doses, and they did not help. He has not tried anticonvulsants. Currently, he takes no medication for this pain.

The second pain located in his legs from his thighs down to his toes is perceived as "sharp," "aching," and "squeezing." This pain began 1 to 3 months after injury. The intensity of this pain is 1/10 on average, but may increase to 10/10 for brief periods (up to 5 minutes at a time). This pain is present only in relation to severe spasms, but occurs up to 10 times a day. There is no consistent temporal pattern to this pain; it tends to occur throughout the day with no time period being better or worse. He is taking baclofen for this pain and reports that this medication is very helpful.

Note: Information regarding pain interference has been omitted in the training case. In an assessment situation these questions and the endpoints are read verbatim to the patient and he or she answers the question by choosing the appropriate number. Please also note that this training case is not a real case. Furthermore, the treatments used in these cases do not reflect recommendations by the Pain dataset committee but are merely examples of common treatments used to relieve pain in this population.

Training case 2

Date: October 26, 2008

This is a 25 year old woman with a C5 AIS A spinal cord injury following a traffic accident Aug 25 2005. She experiences three different kinds of pains, one located in the arms and hands, a second pain located in the buttocks and upper legs, and a third pain located in the shoulders.

She feels that the pain that she experiences in her arms and hands (upper arms through fingers) is the worst because it has a particularly unpleasant electric quality. It began within a month after her injury. She describes the pain in her arms as very intense, rating it as 8/10, on average. Light touching of the skin, touch by clothes and taking a shower trigger an intense electric burning pain. She has this pain every day on a continuous basis, although this pain is worse in the afternoon compared to the morning or evening. The pain gets a little better when she lies down or when she is thinking about something else. She takes an anticonvulsant medication and applies topical patches including a local anesthetic for this pain with partial benefit.

She describes the pain in the upper legs and buttocks as "burning," "pricking" and "pulsating." This pain started about one year after injury. This pain is also very intense; she rates it as a 7/10, on average. The pain is always present, independent of movements or muscle spasms, but usually is more severe in the evening as compared to the morning or afternoon. The anticonvulsant she is taking has no effect on this pain problem.

The pain in the shoulders is aching and started about two years after injury and is not quite as intense as the other two pains. This pain is usually only present in the afternoon and evening after workout or after periods of prolonged wheelchair propulsion or working at the computer. In the last week, pain was present for a total of 5 days. It usually lasts a couple of hours, and resolves after rest. She rates it as a 4/10, on average. She takes paracetamol or NSAIDS for this pain once or twice per week; she finds both of these medications somewhat helpful for the shoulder pain.

Note: Information regarding pain interference has been omitted in the training case. In an assessment situation these questions and the endpoints are read verbatim to the patient and he or she answers the question by choosing the appropriate number. Please also note that this training case is not a real case. Furthermore, the treatments used in these cases do not reflect recommendations by the Pain dataset committee but are merely examples of common treatments used to relieve pain in this population.

Training case 3

Date: September 3, 2008
This is a 20 year old female who sustained a T10 AIS A spinal cord injury on July 8, 2004. She has a one level zone of partial preservation of light touch and pinprick sensation. She underwent a three level posterior decompression with fusion and instrumentation at the time of injury. She experiences two different types of pain of which a daily "sharp" attack-like lower back pain triggered by flexion of the spine is the worst. This pain came on insidiously over the last year and she cannot identify an inciting event. She describes this pain as very intense and brief, lasting less than one minute at a time and she rates it at an average of 8/10. It is most intense in the morning, afternoon and evening and is not present when she lays flat in bed at night. On physical exam, she exhibits tenderness to palpation over the low back both centrally and adjacent to the midline in paraspinal muscles. Portions of the hardware can be palpated over her low back. Opioid medication is somewhat effective in decreasing the severity of the pain, although it does not take it away completely.

In addition, she has a second pain that she describes as a constant pressure and as a "tight girdle" that is felt about the lower abdomen. This pain has been present since approximately 4 weeks after injury and does not vary in intensity. This pain is constant and rated at 4/10. The opioid medication does not relieve this pain.

Note: Information regarding pain interference has been omitted in the training case. In an assessment situation these questions and the endpoints are read verbatim to the patient and he or she answers the question by choosing the appropriate number. Please also note that this training case is not a real case. Furthermore, the treatments used in these cases do not reflect recommendations by the Pain dataset committee but are merely examples of common treatments used to relieve pain in this population.

PAIN BASIC DATA SET – FORM - Version 1.1: CASE 1

Date of data collection: 2008/05/26

Have you had any pain during the last 7 days including today:
☐ **No　X Yes**

If yes, how many different pain problems did you have?
☐ **1; X 2;** ☐ **3;** ☐ **4;** ☐ **>5**

Please describe your worst pain problem:

Pain locations/sites (can be more than one, so check all that apply): right (R), midline (M), or left (L)	R	M	L	Type of pain (check all that apply)	Intensity and temporal pattern of pain
Head					**Average pain intensity in the last week:** 0 = no pain; 10 = pain as bad as you can imagine
Neck/shoulders				**Nociceptive**	☐ 0; ☐ 1; ☐ 2; ☐ 3; ☐ 4; ☐ 5;
throat				☐ Musculoskeletal	☐ 6; **X** 7; ☐ 8; ☐ 9; ☐ 10
neck				**X** Visceral	
shoulder				☐ Other	
Arms/hands				**Neuropathic**	**Date of onset: 2006**/MM/DD
upper arm				☐ At-level	
elbow				☐ Below-level	**Number of days with pain in the last 7 days including today:**
forearm				☐ Other	☐ none; ☐ 1; ☐ 2; ☐ 3; ☐ 4; ☐ 5; ☐ 6; **X** 7; ☐ unknown
wrist					
hand/fingers				☐ **Unknown**	
Frontal torso/genitals					**How long does your pain usually last:**
chest					☐ ≤ 1 min;
abdomen		**X**			☐ > 1 min but < 1 hr;
pelvis/genitalia					**X** ≥ 1 hr but < 24 hrs;
Back					☐ ≥ 24 hrs;
upper back					☐ constant or continuous;
lower back					☐ unknown
Buttocks/hips					
buttocks					**When during the day is the pain most intense:**
hip					☐ morning (06.01-12.00);
anus					**X** afternoon (12.01-18.00);
Upper legs/thighs					☐ evening (18.01-24.00);
Lower legs/feet					☐ night (00.01-06.00)
knee					☐ unpredictable; pain is not consistently more intense at any one time of day
shin					
calf					
ankle					
foot/toes					

Are you using or receiving any Treatment for your pain problem: X No　　　☐ Yes

Please describe your second worst pain problem:

Pain locations/sites (can be more than one, so check all that apply): right (R), midline (M), or left (L)	R	M	L	Type of pain (check all that apply)	Intensity and temporal pattern of pain
Head					**Average pain intensity in the last week:** 0 = no pain; 10 = pain as bad as you can imagine
Neck/shoulders				**Nociceptive**	☐ 0; **X** 1; ☐ 2; ☐ 3; ☐ 4; ☐ 5;
throat				**X** Musculoskeletal	☐ 6; ☐ 7; ☐ 8; ☐ 9; ☐ 10
neck				☐ Visceral	
shoulder				☐ Other	**Date of onset: 2000**/MM/DD
Arms/hands				**Neuropathic**	
upper arm				☐ At-level	**Number of days with pain in the last 7 days including today:**
elbow				☐ Below-level	☐ none; ☐ 1; ☐ 2; ☐ 3; ☐ 4; ☐ 5; ☐ 6; **X** 7; ☐ unknown
forearm				☐ Other	
wrist					
hand/fingers				☐ **Unknown**	**How long does your pain usually last:** ☐ ≤ 1 min;
Frontal torso/genitals					**X** > 1 min but < 1 hr;
chest					☐ ≥ 1 hr but < 24 hrs;
abdomen					☐ ≥ 24 hrs;
pelvis/genitalia					☐ constant or continuous;
Back					☐ unknown
upper back					
lower back					**When during the day is the pain most intense:**
Buttocks/hips					☐ morning (06.01-12.00);
buttocks					☐ afternoon (12.01-18.00);
hip					☐ evening (18.01-24.00);
anus					☐ night (00.01-06.00)
Upper legs/thighs	X		X		**X** unpredictable; pain is not consistently more intense at any one time of day
Lower legs/feet					
knee	X		X		
shin	X		X		
calf	X		X		
ankle	X		X		
foot/toes	X		X		

Are you using or receiving any <u>Treatment</u> for your pain problem: ☐ No   **X** Yes

PAIN BASIC DATA SET – FORM - Version 1.1: CASE 2

Date of data collection: 2008/10/26

Have you had any pain during the last 7 days including today:
☐ **No   X Yes**

If yes, how many different pain problems did you have?
☐ **1;** ☐**2; X 3;** ☐ **4;** ☐ **>5**

Please describe your worst pain problem:

Pain locations/sites (can be more than one, so check all that apply): right (R), midline (M), or left (L)	R	M	L	Type of pain (check all that apply)	Intensity and temporal pattern of pain
Head					**Average pain intensity in the last week:** 0 = no pain; 10 = pain as bad as you can imagine
Neck/shoulders				**Nociceptive**	☐ 0; ☐ 1; ☐ 2; ☐ 3; ☐ 4; ☐ 5;
throat				☐ Musculoskeletal	☐ 6; ☐ 7; **X** 8; ☐ 9; ☐ 10
neck				☐ Visceral	
shoulder				☐ Other	
Arms/hands				**Neuropathic**	**Date of onset: 2005/09/**DD
upper arm	X		X	**X** At-level	
elbow	X		X	**X** Below-level	**Number of days with pain in the last 7 days including today:**
forearm	X		X	☐ Other	☐ none; ☐ 1; ☐ 2; ☐ 3; ☐ 4; ☐ 5; ☐ 6; **X** 7;
wrist	X		X		☐ unknown
hand/fingers	X		X	☐ **Unknown**	
Frontal torso/genitals					**How long does your pain usually last:**
chest					☐ ≤ 1 min;
abdomen					☐ > 1 min but < 1 hr;
pelvis/genitalia					☐ ≥ 1 hr but < 24 hrs;
Back					☐ ≥ 24 hrs;
upper back					**X** constant or continuous;
lower back					☐ unknown
Buttocks/hips					
buttocks					**When during the day is the pain most intense:**
hip					☐ morning (06.01-12.00);
anus					**X** afternoon (12.01-18.00);
Upper legs/thighs					☐ evening (18.01-24.00);
Lower legs/feet					☐ night (00.01-06.00)
knee					☐ unpredictable; pain is not consistently more intense at any one time of day
shin					
calf					
ankle					
foot/toes					

Are you using or receiving any Treatment for your pain problem: ☐ No   **X** Yes

Please describe your second worst pain problem:

Pain locations/sites (can be more than one, so check all that apply): right (R), midline (M), or left (L)	R	M	L	Type of pain (check all that apply)	Intensity and temporal pattern of pain
Head					**Average pain intensity in the last week:** 0 = no pain; 10 = pain as bad as you can imagine
Neck/shoulders				**Nociceptive** ☐ Musculoskeletal	☐ 0; ☐ 1; ☐ 2; ☐ 3; ☐ 4; ☐ 5;
throat				☐ Visceral	☐ 6; **X** 7; ☐ 8; ☐ 9; ☐ 10
neck				☐ Other	
shoulder					
Arms/hands				**Neuropathic**	**Date of onset: 2006/08/DD**
upper arm				☐ At-level	
elbow				**X** Below-level	**Number of days with pain in the last 7 days including today:**
forearm				☐ Other	☐ none; ☐ 1; ☐ 2; ☐ 3; ☐ 4; ☐ 5; ☐ 6; **X** 7;
wrist					☐ unknown
hand/fingers				☐ **Unknown**	
Frontal torso/genitals					**How long does your pain usually last:**
chest					☐ ≤ 1 min;
abdomen					☐ > 1 min but < 1 hr;
pelvis/genitalia					☐ ≥ 1 hr but < 24 hrs;
Back					☐ ≥ 24 hrs;
upper back					**X** constant or continuous;
lower back					☐ unknown
Buttocks/hips					
buttocks	X		X		**When during the day is the pain most intense:**
hip					☐ morning (06.01-12.00);
anus					☐ afternoon (12.01-18.00);
Upper legs/thighs	X		X		**X** evening (18.01-24.00);
Lower legs/feet					☐ night (00.01-06.00)
knee					☐ unpredictable; pain is not consistently more intense at any one time of day
shin					
calf					
ankle					
foot/toes					

Are you using or receiving any Treatment for your pain problem: ☐ No   **X** Yes*

* She is taking an anticonvulsant although this medication is not effective for this pain.

Please describe your third worst pain problem:

Pain locations/sites (can be more than one, so check all that apply): right (R), midline (M), or left (L)	R	M	L	Type of pain (check all that apply)	Intensity and temporal pattern of pain
Head					**Average pain intensity in the last week:** 0 = no pain; 10 = pain as bad as you can imagine
Neck/shoulders				**Nociceptive**	☐ 0; ☐ 1; ☐ 2; ☐ 3; **X** 4; ☐ 5;
throat				**X** Musculoskeletal	☐ 6; ☐ 7; ☐ 8; ☐ 9; ☐ 10
neck				☐ Visceral	
shoulder	**X**		**X**	☐ Other	
Arms/hands				**Neuropathic**	**Date of onset: 2007**/MM/DD
upper arm				☐ At-level	
elbow				☐ Below-level	**Number of days with pain in the last 7 days including today:**
forearm				☐ Other	☐ none; ☐ 1; ☐ 2; ☐ 3; ☐ 4; **X** 5; ☐ 6; ☐ 7;
wrist					☐ unknown
hand/fingers				☐ **Unknown**	
Frontal torso/genitals					**How long does your pain usually last:**
chest					☐ ≤ 1 min;
abdomen					☐ > 1 min but < 1 hr;
pelvis/genitalia					**X** ≥ 1 hr but < 24 hrs;
Back					☐ ≥ 24 hrs;
upper back					☐ constant or continuous;
lower back					☐ unknown
Buttocks/hips					
buttocks					**When during the day is the pain most intense:**
hip					☐ morning (06.01-12.00);
anus					**X** afternoon (12.01-18.00);
Upper legs/thighs					**X** evening (18.01-24.00);
Lower legs/feet					☐ night (00.01-06.00)
knee					☐ unpredictable; pain is not consistently more intense at any one time of day
shin					
calf					
ankle					
foot/toes					

Are you using or receiving any Treatment for your pain problem: ☐ No   **X** Yes

PAIN BASIC DATA SET – FORM - Version 1.1: CASE 3

Date of data collection: 2008/09/03

Have you had any pain during the last 7 days including today:
☐ No   X Yes

If yes, how many different pain problems did you have?
☐ 1; X 2; ☐ 3; ☐ 4; ☐ >5

Please describe your worst pain problem:

Pain locations/sites (can be more than one, so check all that apply): right (R), midline (M), or left (L)	R	M	L	Type of pain (check all that apply)	Intensity and temporal pattern of pain
Head					**Average pain intensity in the last week:** 0 = no pain; 10 = pain as bad as you can imagine
Neck/shoulders				**Nociceptive** X Musculoskeletal	☐ 0; ☐ 1; ☐ 2; ☐ 3; ☐ 4; ☐ 5;
throat				☐ Visceral	☐ 6; ☐ 7; **X** 8; ☐ 9; ☐ 10
neck				☐ Other	
shoulder					
Arms/hands				**Neuropathic**	**Date of onset: 2007**/MM/DD
upper arm				☐ At-level	
elbow				☐ Below-level	**Number of days with pain in the last 7 days including today:**
forearm				☐ Other	☐ none; ☐ 1; ☐ 2; ☐ 3; ☐ 4; ☐ 5; ☐ 6; **X** 7; ☐ unknown
wrist				☐ **Unknown**	
hand/fingers					
Frontal torso/genitals					**How long does your pain usually last:**
chest					**X** ≤ 1 min;
abdomen					☐ > 1 min but < 1 hr;
pelvis/genitalia					☐ ≥ 1 hr but < 24 hrs;
Back					☐ ≥ 24 hrs;
upper back					☐ constant or continuous;
lower back	X	X	X		☐ unknown
Buttocks/hips					
buttocks					**When during the day is the pain most intense:**
hip					**X** morning (06.01-12.00);
anus					**X** afternoon (12.01-18.00);
Upper legs/thighs					**X** evening (18.01-24.00);
Lower legs/feet					☐ night (00.01-06.00)
knee					☐ unpredictable; pain is not consistently more intense at any one time of day
shin					
calf					
ankle					
foot/toes					

Are you using or receiving any <u>Treatment</u> for your pain problem: ☐ No   **X** Yes

Please describe your second worst pain problem:

Pain locations/sites (can be more than one, so check all that apply): right (R), midline (M), or left (L)	R	M	L	Type of pain (check all that apply)	Intensity and temporal pattern of pain
Head					**Average pain intensity in the last week:** 0 = no pain; 10 = pain as bad as you can imagine
Neck/shoulders				**Nociceptive**	☐ 0; ☐ 1; ☐ 2; ☐ 3; **X** 4; ☐ 5;
throat				☐ Musculoskeletal	☐ 6; ☐ 7; ☐ 8; ☐ 9; ☐ 10
neck				☐ Visceral	
shoulder				☐ Other	**Date of onset: 2004/08/08**
Arms/hands				**Neuropathic**	
upper arm				**X** At-level	**Number of days with pain in the last 7 days including today:**
elbow				☐ Below-level	☐ none; ☐ 1; ☐ 2; ☐ 3; ☐ 4; ☐ 5; ☐ 6; **X** 7;
forearm				☐ Other	☐ unknown
wrist					
hand/fingers				☐ **Unknown**	**How long does your pain usually last:**
Frontal torso/genitals					☐ ≤ 1 min;
chest					☐ > 1 min but < 1 hr;
abdomen	X	X	X		☐ ≥ 1 hr but < 24 hrs;
pelvis/genitalia					☐ ≥ 24 hrs;
Back					**X** constant or continuous;
upper back					☐ unknown
lower back					
Buttocks/hips					**When during the day is the pain most intense:**
buttocks					☐ morning (06.01-12.00);
hip					☐ afternoon (12.01-18.00);
anus					☐ evening (18.01-24.00);
Upper legs/thighs					☐ night (00.01-06.00)
Lower legs/feet					**X** unpredictable; pain is not consistently more intense at any one time of day
knee					
shin					
calf					
ankle					
foot/toes					

Are you using or receiving any Treatment for your pain problem: ☐ No   **X** Yes*

* the opioid medication she is taking has no effect on this pain.