INTERNATIONAL SPINAL CORD INJURY PAIN BASIC DATA SET

DATA COLLECTION FORM – Version 2.0

Date of data collection: YYYY/MM/DD  

Have you had any pain during the last seven days including today:

☐ No  ☐ Yes

If yes:

Please note that the time period during the last week applies to all pain interference questions.

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 - ☐ 7 - ☐ 8 - ☐ 9 - ☐ 10  Extreme interference  

In general, how much has pain interfered with your overall mood in the last week?

No interference ☐ 0 - ☐ 1 - ☐ 2 - ☐ 3 - ☐ 4 - ☐ 5 - ☐ 6 - ☐ 7 - ☐ 8 - ☐ 9 - ☐ 10  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 - ☐ 7 - ☐ 8 - ☐ 9 - ☐ 10  Extreme interference  

How many different pain problems do you have?

☐ 1; ☐ 2; ☐ 3; ☐ 4; ☐ ≥5  

Please describe your three worst pain problems:
### INTERNATIONAL SCI PAIN BASIC DATA SET Version 2.0

**Worst pain problem:**

- [ ] WORST
- [ ] SECOND WORST
- [ ] THIRD WORST

<table>
<thead>
<tr>
<th>Pain locations/sites (can be more than one, so check all that apply): right (R), midline (M), or left (L)</th>
<th>R</th>
<th>M</th>
<th>L</th>
</tr>
</thead>
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<table>
<thead>
<tr>
<th>Neck/shoulders</th>
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</thead>
<tbody>
<tr>
<td>PNHEADRT</td>
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<table>
<thead>
<tr>
<th>Arms/hands</th>
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<tbody>
<tr>
<td>PNUPARML</td>
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<thead>
<tr>
<th>Frontal torso/genitals</th>
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<tbody>
<tr>
<td>PNCHESTL</td>
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<table>
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<tr>
<th>Back</th>
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<tbody>
<tr>
<td>PNUPBCKL</td>
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<tr>
<th>Buttocks/hips</th>
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<tbody>
<tr>
<td>PNBUDDM</td>
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<table>
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<tr>
<th>Lower legs/feet</th>
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</thead>
<tbody>
<tr>
<td>PNKNEEL</td>
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</table>

**Type of pain**

- [ ] Nociceptive
  - [ ] Musculoskeletal
  - [ ] Visceral
  - [ ] Other

- [ ] Neuropathic
  - [ ] At-level SCI
  - [ ] Below-level SCI
  - [ ] Other

- [ ] Other

- [ ] Unknown

**Intensity and duration of pain:**

- [ ] Average pain intensity in the last week:
  - [ ] 0: No pain
  - [ ] 1: Mild
  - [ ] 2: Moderate
  - [ ] 3: Severe
  - [ ] 4: Very severe
  - [ ] 5: Worst pain
  - [ ] 6: Worst pain you can imagine
  - [ ] 7: Pain as bad as you can imagine
  - [ ] 8: Pain as bad as you can imagine
  - [ ] 9: Pain as bad as you can imagine
  - [ ] 10: Pain as bad as you can imagine

**Date of onset:** YYYY/MM/DD

**Are you using or receiving any treatment for your pain problem:**

- [ ] No
- [ ] Yes