INTERNATIONAL SPINAL CORD INJURY DATA SETS

PAIN BASIC DATA SET – FORM – Version 1.1

<table>
<thead>
<tr>
<th>Table #1</th>
</tr>
</thead>
</table>

**Date of data collection:** YYYYY/MM/DD

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

- [ ] No
- [ ] Yes

**Please describe your three worst pain problems:**

Note: It is recommended that this Data Set have two additional key variables:
- **SITE** (to distinguish the location where the data are recorded) and
- **SUBJECT** (to distinguish the patient/study participant)
### THE BASIC PAIN DATA SET Oct 8, 2009

**Worst pain problem:**

<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>
<th>Type of pain (check all that apply)</th>
<th>Intensity and temporal pattern of pain</th>
</tr>
</thead>
<tbody>
<tr>
<td>Head</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neck/shoulders</td>
<td>Paraoardical neck/shoulder</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Arms/hands</td>
<td>Upper arm</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Frontal torso/genitals</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Back</td>
<td>Upper back</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Buttocks/hips</td>
<td>Buttocks</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lower legs/feet</td>
<td>Knee</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*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

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**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

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

**Number of days with pain in the last seven days including today:**
- None
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- Unknown

**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

**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

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**Neuropathic**
- At-level
- Below-level
- Other
- Unknown

**Necective**
- Musculoskeletal
- Visceral
- Other

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**Neck/shoulders**
- Paraoardical neck/shoulder

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**Arms/hands**
- Upper arm
- Forearm
- Wrist
- Hand/fingers

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**Frontal torso/genitals**
- Chest
- Frontal abdomen
- Lower abdomen

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**Back**
- Upper back
- Lower back

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**Buttocks/hips**
- Buttocks
- Hip
- Anus

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**Lower legs/feet**
- Knee
- Shin
- Calf
- Ankle
- Foot/Toes

---

**Neck/shoulders**
- Throat
- Neck
- Shoulder

---

**Arms/hands**
- Upper arm
- Forearm
- Wrist
- Hand/fingers

---

**Frontal torso/genitals**
- Chest
- Abdomen
- Pelvis/genitalia

---

**Back**
- Upper back
- Lower back

---

**Buttocks/hips**
- Buttocks
- Hip
- Anus

---

**Lower legs/feet**
- Knee
- Shin
- Calf
- Ankle
- Foot/Toes
Second worst pain problem:

<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>
<th>Type of pain (check all that apply)</th>
<th>Intensity and temporal pattern of pain</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Head</strong></td>
<td></td>
<td></td>
<td></td>
<td>Nociceptive</td>
<td>Average pain intensity in the last week: 0 = no pain; 10 = pain as bad as you can imagine</td>
</tr>
<tr>
<td>Neck/shoulders</td>
<td>throat</td>
<td></td>
<td></td>
<td>Neuropathic</td>
<td>Date of onset: YYYY/MM/DD</td>
</tr>
<tr>
<td></td>
<td>neck</td>
<td></td>
<td></td>
<td></td>
<td>Number of days with pain in the last seven days including today:</td>
</tr>
<tr>
<td></td>
<td>shoulder</td>
<td></td>
<td></td>
<td></td>
<td>- none; ☐ 1; ☐ 2; ☐ 3; ☐ 4; ☐ 5; ☐ 6; ☐ 7; ☐ 8; ☐ 9; ☐ 10</td>
</tr>
<tr>
<td>Arms/hands</td>
<td>arm</td>
<td></td>
<td></td>
<td></td>
<td>How long does your pain usually last:</td>
</tr>
<tr>
<td></td>
<td>elbow</td>
<td></td>
<td></td>
<td></td>
<td>- ≤ 1 min;</td>
</tr>
<tr>
<td></td>
<td>forearm</td>
<td></td>
<td></td>
<td></td>
<td>- &gt; 1 min but &lt; 1 hr;</td>
</tr>
<tr>
<td></td>
<td>wrist</td>
<td></td>
<td></td>
<td></td>
<td>- ≥ 1 hr but &lt; 24 hrs;</td>
</tr>
<tr>
<td></td>
<td>hand/fingers</td>
<td></td>
<td></td>
<td></td>
<td>- ≥ 24 hrs;</td>
</tr>
<tr>
<td>FrONTAL torso/genitals</td>
<td>chest</td>
<td></td>
<td></td>
<td></td>
<td>- constant or continuous;</td>
</tr>
<tr>
<td></td>
<td>abdomen</td>
<td></td>
<td></td>
<td></td>
<td>- unknown</td>
</tr>
<tr>
<td></td>
<td>pelvis/genitalia</td>
<td></td>
<td></td>
<td></td>
<td><strong>Unknown</strong></td>
</tr>
<tr>
<td>Back</td>
<td>upper back</td>
<td></td>
<td></td>
<td></td>
<td><strong>When during the day is the pain most intense:</strong></td>
</tr>
<tr>
<td></td>
<td>lower back</td>
<td></td>
<td></td>
<td></td>
<td>- morning (06.01-12.00);</td>
</tr>
<tr>
<td>Buttocks/hips</td>
<td>buttocks</td>
<td></td>
<td></td>
<td></td>
<td>- afternoon (12.01-18.00);</td>
</tr>
<tr>
<td></td>
<td>hip</td>
<td></td>
<td></td>
<td></td>
<td>- evening (18.01-24.00);</td>
</tr>
<tr>
<td></td>
<td>anus</td>
<td></td>
<td></td>
<td></td>
<td>- night (00.01-06.00);</td>
</tr>
<tr>
<td>Upper legs/thighs</td>
<td>knee</td>
<td></td>
<td></td>
<td></td>
<td>- unpredictable; pain is not consistently more intense at any one time of day</td>
</tr>
<tr>
<td>Lower legs/feet</td>
<td>shin</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>calf</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>ankle</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>foot/toes</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
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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
Third worst pain problem:

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<td>Nociceptive Musculoskeletal Visceral Other</td>
<td>Average pain intensity in the last week: 0 = no pain; 10 = pain as bad as you can imagine</td>
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<tr>
<td>Neck/shoulders</td>
<td></td>
<td></td>
</tr>
<tr>
<td>throat</td>
<td>□ 0; □ 1; □ 2; □ 3; □ 4; □ 5; □ 6; □ 7; □ 8; □ 9; □ 10</td>
<td></td>
</tr>
<tr>
<td>neck</td>
<td></td>
<td></td>
</tr>
<tr>
<td>shoulder</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Arms/hands</td>
<td>Neuropathic At-level Below-level Other</td>
<td>Date of onset: YYYY/MM/DD</td>
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<td></td>
</tr>
<tr>
<td>forearm</td>
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<td>wrist</td>
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<td>hip</td>
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<td></td>
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<tr>
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<tr>
<td>ankle</td>
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<td></td>
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<tr>
<td>foot/toes</td>
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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