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)

INTERNATIONAL SPINAL CORD INJURY PAIN BASIC DATA SET

DATA COLLECTION FORM – Version 2.0

Table #1

Date of data collection: YYYY/MM/DD PAINDT

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

☐ No ☐ Yes PAIN7D

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

PNDAYACT

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

PNMOOD

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

PNSLEEP

How many different pain problems do you have?

☐ 1; ☐ 2; ☐ 3; ☐ 4; ☐ ≥5 PNPROBNO

Please describe your three worst pain problems:

Worst pain problem: PNPROB

☐ WORST ☐ SECOND WORST ☐ THIRD WORST

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** **Intensity** and **duration of pain** **Treatment of pain** PNTYP
Head PNHEADR		PNHEADM	PNHEADL	**Type of pain (check one):** **Nociceptive** ☐ Musculoskeletal ☐ Visceral ☐ Other **Neuropathic** ☐ At-level SCI ☐ Below-level SCI ☐ Other ☐ **Other** ☐ **Unknown**
Neck/shoulders				
throat PNTHROAR		PNTHROAM	PNTHROAL	
neck PNNECKR		PNNECKM	PNNECKL	
shoulder PNSHOULR			PNSHOULL	
Arms/hands				
upper arm PNUPARMR			PNUPARML	
elbow PNELBOWR			PNELBOWL	
forearm PNFRARMR			PNFRARML	
wrist PNWRISTR			PNWRISTL	
hand/fingers PNHANDR			PNHANDL	
Frontal torso/genitals				
chest PNCHESTR		PNCHESTM	PNCHESTL	
abdomen PNABDOMR		PNABDOMM	PNABDOML	
pelvis/genitalia PNPELVSR		PNPELVSM	PNPELVSL	
Back				
upper back PNUPBCKR		PNUPBCKM	PNUPBCKL	**Intensity** and **duration of pain:** **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 PNINTNST
lower back PNLWBCKR		PNLWBCKM	PNLWBCKL	
Buttocks/hips				
buttocks PNBUTTOR			PNBUTTOL	
hip PNHIPR			PNHIPL	
anus		PNANUSM		
Upper leg/thigh PNUPLEGR			PNUPLEGL	**Date of onset:** YYYY/MM/DD PNONSTDT
Lower legs/feet				
knee PNKNEER			PNKNEEL	
shin PNSHINR			PNSHINL	**Are you using or receiving any <u>treatment</u> for your pain problem:** ☐ No ☐ Yes PNTX
calf PNCALFR			PNCALFL	
ankle PNANKLER			PNANKLEL	
foot/toes PNFOOTR			PNFOOTL	