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 DATA SETS

PAIN BASIC DATA SET – FORM – Version 1.1

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, how many different pain problems did you have?

☐ 1; ☐ 2; ☐ 3; ☐ 4; ☐ ≥5 PNPROBNO

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

Table #2

PNPROB

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
Head PNHEADR PNHEADM PNHEADL			
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			
lower back PNLWBCKR PNLWBCKM PNLWBCKL			
Buttocks/hips			
buttocks PNBUTTOR PNBUTTOL			
hip PNHIPR PNHIPL			
anus PNANUSM			
Upper legs/thighs PNUPLEGR PNUPLEGL			
Lower legs/feet			
knee PNKNEER PNKNEEL			
shin PNSHINR PNSHINL			
calf PNCALFR PNCALFL			
ankle PNANKLER PNANKLEL			
foot/toes PNFOOTR PNFOOTL			

Type of pain (check all that apply)

PNTYNOCI

Nociceptive
- ☐ Musculoskeletal
- ☐ Visceral
- ☐ Other

PNTYNEUR

Neuropathic
- ☐ At-level
- ☐ Below-level
- ☐ Other

☐ **Unknown**

Intensity and **temporal pattern of pain**

Average pain intensity in the last week:
0 = no pain; 10 = pain as bad as you can imagine PNINTNST
☐ 0; ☐ 1; ☐ 2; ☐ 3; ☐ 4; ☐ 5;
☐ 6; ☐ 7; ☐ 8; ☐ 9; ☐ 10

Date of onset: YYYY/MM/DD PNONSTDT

Number of days with pain in the last seven days including today: PNDAYNO
☐ none; ☐ 1; ☐ 2; ☐ 3; ☐ 4; ☐ 5; ☐ 6; ☐ 7;
☐ unknown

How long does your pain usually last: PNDUR
☐ ≤ 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: PNMOINTN
☐ 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

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? PNLIMACT
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? PNRECSOC
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? PNSATISF
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? PNDAYACT
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? PNMOOD
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? PNSLEEP
No interference ☐ 0 - ☐ 1 - ☐ 2 - ☐ 3 - ☐ 4 - ☐ 5 - ☐ 6 Extreme interference

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

Second worst pain problem:

Same as page 15

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				**Nociceptive** ☐ Musculoskeletal ☐ Visceral ☐ Other **Neuropathic** ☐ At-level ☐ Below-level ☐ Other ☐ **Unknown**	**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
Neck/shoulders					
throat					
neck					
shoulder					
Arms/hands					
arm					
elbow					
forearm					
wrist					
hand/fingers					
Frontal torso/genitals					
chest					
abdomen					
pelvis/genitalia					
Back					
upper back					
lower back					
Buttocks/hips					
buttocks					
hip					
anus					
Upper legs/thighs					
Lower legs/feet					
knee					
shin					
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

Same as page 15

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				**Nociceptive** □ Musculoskeletal □ Visceral □ Other **Neuropathic** □ At-level □ Below-level □ Other □ **Unknown**	**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
Neck/shoulders					
throat					
neck					
shoulder					
Arms/hands					
upper arm					
elbow					
forearm					
wrist					
hand/fingers					
Frontal torso/genitals					
chest					
abdomen					
pelvis/genitalia					
Back					
upper back					
lower back					
Buttocks/hips					
buttocks					
hip					
anus					
Upper leg/thigh					
Lower legs/feet					
knee					
shin					
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