

## Attachment 41

### Additional Somatosensation Questions

### Additional Somatosensation Questions

Estimated time burden: 2 minutes

Adult and Children 13-17

#### [00 Somatosensation]

On the next screens, we will ask you questions about sensations and/or unusual feelings that some people encounter. Consider each question by itself; then choose or type in an answer that best shows your experience.

After you make your choice, click on the NEXT button to go on to the next question. If you want to change your last answer, click on the GO BACK button to return to the previous question and then choose or type in a different answer.

Click on the CONTINUE button when you are ready to begin.

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#### [01 Somatosensation]

Have you ever experienced any of the following (check all that apply)?

- Numbness or tingling in your hands
  - Numbness and tingling in your feet
  - Neuropathy
  - Psoriasis, eczema, or rash
  - None of these
  - Don't know
- 

Public reporting burden for this collection of information is estimated to average 2 1/2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-xxxx\*) EXP: (xx/xxxx). Do not return the completed form to this address.

**[02 Somatosensation]**

**Have you ever received chemotherapy?**

- Yes
  - No
  - Don't know
- 

**[03 Somatosensation]**

**Thinking about the past 12 months, how many hours a day do you stand on your feet?**

- Less than one hour
  - One to four hours
  - Four to eight hours
  - More than eight hours a day
  - Don't know
- 

**[04 Somatosensation]**

**In the past 7 days, how often did you experience stinging pain?**

- Not sure if I had this type of pain
  - Never, did not have this type of pain
  - Rarely
  - Sometimes
  - Often
  - Always
- 

**[04a Somatosensation]**

**In the past 7 days, how intense was your stinging pain?**

- Mild

- Moderate
  - Severe
  - Very severe
- 

**[05 Somatosensory]**

**In the past 7 days, how often did you experience pricking pain?**

- Not sure if I had this type of pain
  - Never
  - Rarely
  - Sometimes
  - Often
  - Always
- 

**[05a Somatosensory]**

**In the past 7 days, how intense was your pricking pain?**

- Mild
  - Moderate
  - Severe
  - Very severe
- 

**[06 Somatosensory]**

**In the past 7 days, how often did you experience itchy pain?**

- Not sure if had this type of pain

- Never
  - Rarely
  - Sometimes
  - Often
  - Always
- 

**[06a Somatosensory]**

**In the past 7 days, how intense was your itchy pain?**

- Mild
  - Moderate
  - Severe
  - Very severe
- 

**[07 Somatosensation]**

**In the past 7 days, how often did you experience burning pain?**

- Not sure if I had this type of pain
  - Never
  - Rarely
  - Sometimes
  - Often
  - Always
- 

**[07a Somatosensation]**

**In the past 7 days, how intense was your burning pain?**

- Mild

- Moderate
  - Severe
  - Very severe
- 

**[08 Somatosensation]**

**In the past 7 days, how often did you experience aches and pains?**

- Not sure if I had aches and pains
  - Never
  - Rarely
  - Sometimes
  - Often
  - Always
- 

**[08a Somatosensation]**

**In the past 7 days, how intense were your aches and pains?**

- Mild
  - Moderate
  - Severe
  - Very severe
-

**[09 Somatosensation]**

**In the past 7 days, Did your pain feel itchy?**

Not at all

A little bit

Somewhat

Quite a bit

Very much

**[10 Somatosensation]**

**In the past 7 days, Did your pain feel stinging?**

Not at all

A little bit

Somewhat

Quite a bit

Very much

**[11 Somatosensation]**

**In the past 7 days, Did your pain feel burning?**

Not at all

A little bit

Somewhat

Quite a bit

Very much

**Proxy Report for Children 3-17**  
**Time burden – 1 minute**

**[00 Somatosensation(Proxy)]**

On the next screens, we will ask you to answer questions about your child and his/her experience with sensations and/or unusual feelings that some people encounter. Consider each question by itself; then choose or type in an answer that best shows your child's experience.

After you make your choice, click on the NEXT button to go on to the next question. If you want to change your last answer, click on the GO BACK button to return to the previous question and then choose or type in a different answer.

Click on the CONTINUE button when you are ready to begin.

**[01 Somatosensation(Proxy)]**

**Has your child ever experienced any of the following...(please check all that apply)?**

- Numbness or tingling in his/her hands
- Neuropathy
- Psoriasis, eczema, or rash
- None of these
- I don't know

**[02 Somatosensation(Proxy)]**

**Has your child ever received chemotherapy?**

- Yes
- No
- Rather not answer
- I don't know

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