

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
			<p>CHRONIC PAIN QUESTIONNAIRE SPECIFICATIONS</p> <p><u>CRITERIA</u> INTTYPE=INTTYPE=C001, C002, C004, C005, C006, C010 SPALIVE=1 SEASON=SUMMER SPPROXY=SP Other:</p> <p><u>PLACEMENT</u> Administer after PVQ</p>		
PAINOFTN	CP1	code one	<p>SHOW CARD CP1</p> <p>Now I would like to ask about your experiences with pain.</p> <p>In the past three months, that is since (TODAY'S MONTH AND YEAR- 3 MONTHS), how often did you have pain? Would you say never, some days, most days, or every day?</p> <p>[READ IF NECESSARY: Please answer based on your usual use of medication.]</p>	(01) NEVER (02) SOME DAYS (03) MOST DAYS (04) EVERY DAY (-8) DON'T KNOW (-9) REFUSED	(01) BOX CPEND (02) CP2 - PAINAMNT (03) CP2 - PAINAMNT (04) CP2 - PAINAMNT (-8) BOX CPEND (-9) BOX CPEND
PAINAMNT	CP2	code one	<p>SHOW CARD CP2</p> <p>Thinking about the last time you had pain, how much pain did you have? Would you say a little, a lot, or somewhere in between?</p>	(01) A LITTLE (02) A LOT (03) SOMEWHERE IN BETWEEN A LITTLE AND A LOT (-8) DON'T KNOW (-9) REFUSED	CP3 - PAINLIMT
PAINLIMT	CP3	code one	<p>SHOW CARD CP1</p> <p>Since (TODAY'S MONTH AND YEAR - 3 MONTHS), how often did your pain limit your life or work activities? Would you say never, some days, most days, or every day?</p>	(01) NEVER (02) SOME DAYS (03) MOST DAYS (04) EVERY DAY (-8) DON'T KNOW (-9) REFUSED	CP4 - PAINFAM
PAINFAM	CP4	code one	<p>SHOW CARD CP1</p> <p>Since (TODAY'S MONTH AND YEAR - 3 MONTH), how often did YOUR pain affect your family and significant others? Would you say never, some days, most days, or every day?</p>	(01) NEVER (02) SOME DAYS (03) MOST DAYS (04) EVERY DAY (-8) DON'T KNOW (-9) REFUSED	CP5 - PAINMANG
PAINMANG	CP5	code one	<p>SHOW CARD CP3</p> <p>Since (TODAY'S MONTH AND YEAR - 3 MONTH), to what extent were you able to manage your pain so that you can do the things you enjoy doing? Would you say not at all, a little, a lot, or somewhere in between?</p>	(01) NOT AT ALL (02) A LITTLE (03) A LOT (04) SOMEWHERE IN BETWEEN A LITTLE AND A LOT (-8) DON'T KNOW (-9) REFUSED	CP6 - MANGPHYS
MANGPHYS	CP6	list	<p>Since (TODAY'S MONTH AND YEAR - 3 MONTH), did you use any of the following to manage your pain? Please indicate yes or no to each one.</p> <p>Physical therapy, rehabilitative therapy, or occupational therapy</p>	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	CP6- MANGSPNE
MANGSPNE	CP6	list	<p>Spinal manipulation or other forms of chiropractic care</p>	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	CP6- MANGCBT
MANGCBT	CP6	list	<p>Talk therapies such as cognitive-behavioral therapy (CBT)</p>	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	CP6 - MANGPROG

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MANGPROG	CP6	list	A chronic pain self-management program or workshop	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	CP6 - MANGGROP
MANGGROP	CP6	list	Chronic pain peer support groups	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	CP6- MANGYOGA
MANGYOGA	CP6	list	Yoga, tai chi, or qi gong	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	CP6- MANGMASG
MANGMASG	CP6	list	Massage	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	CP6- MANGMEDT
MANGMEDT	CP6	list	Meditation, guided imagery, or other relaxation techniques	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	CP7-PAINBACK
PAINBACK	CP7	code one	SHOW CARD CP3 Since (TODAY'S MONTH AND YEAR - 3 MONTH), how much have you been bothered by... Back pain? Would you say not at all, a little, a lot, or somewhere in between?	(01) NOT AT ALL (02) A LITTLE (03) A LOT (04) SOMEWHERE IN BETWEEN A LITTLE AND A LOT (-8) DON'T KNOW (-9) REFUSED	CP8- PAINARMS
PAINARMS	CP8	code one	SHOW CARD CP3 [Since (TODAY'S MONTH AND YEAR - 3 MONTH), how much have you been bothered by...] Pain in your hands, arms, or shoulders? [READ IF NECESSARY: Would you say not at all, a little, a lot, or somewhere in between?]	(01) NOT AT ALL (02) A LITTLE (03) A LOT (04) SOMEWHERE IN BETWEEN A LITTLE AND A LOT (-8) DON'T KNOW (-9) REFUSED	CP9 - PAINLEGS
PAINLEGS	CP9	code one	SHOW CARD CP3 [Since (TODAY'S MONTH AND YEAR - 3 MONTH), how much have you been bothered by ...] Pain in your hips, knees, or feet? [READ IF NECESSARY: Would you say not at all, a little, a lot, or somewhere in between?]	(01) NOT AT ALL (02) A LITTLE (03) A LOT (04) SOMEWHERE IN BETWEEN A LITTLE AND A LOT (-8) DON'T KNOW (-9) REFUSED	CP10 - PAINHEAD
PAINHEAD	CP10	code one	SHOW CARD CP3 [Since (TODAY'S MONTH AND YEAR - 3 MONTH), how much have you been bothered by ...] Headache, migraine, or facial pain? [READ IF NECESSARY: Would you say not at all, a little, a lot, or somewhere in between?]	(01) NOT AT ALL (02) A LITTLE (03) A LOT (04) SOMEWHERE IN BETWEEN A LITTLE AND A LOT (-8) DON'T KNOW (-9) REFUSED	CP11 - PAINABDM

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PAINABDM	CP11	code one	SHOW CARD CP3 [Since (TODAY'S MONTH AND YEAR - 3 MONTH), how much have you been bothered by ...] Abdominal, pelvic, or genital pain? [READ IF NECESSARY: Would you say not at all, a little, a lot, or somewhere in between?]	(01) NOT AT ALL (02) A LITTLE (03) A LOT (04) SOMEWHERE IN BETWEEN A LITTLE AND A LOT (-8) DON'T KNOW (-9) REFUSED	CP12 - PAINTOTH
PAINTOTH	CP12	code one	SHOW CARD CP3 [Since (TODAY'S MONTH AND YEAR - 3 MONTH), how much have you been bothered by ...] Toothache or jaw pain? [READ IF NECESSARY: Would you say not at all, a little, a lot, or somewhere in between?]	(01) NOT AT ALL (02) A LITTLE (03) A LOT (04) SOMEWHERE IN BETWEEN A LITTLE AND A LOT (-8) DON'T KNOW (-9) REFUSED	BOX CPEND
	BOX CPEND	routing	Go to PXQ.		