Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
			CHRONIC PAIN QUESTIONNAIRE SPECIFICATIONS CRITERIA INTTYPE=INTTYPE=C001, C002, C004, C005, C006, C010 SPALIVE=1 SEASON=SUMMER SPPROXY=SP Other: PLACEMENT Administer after CVQ		
PAINOFTN	CP1	code one	SHOW CARD CP1 Now I would like to ask about your experiences with pain. 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? [READ IF NECESSARY: Please answer based on your usual use of medication.]	(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	SHOW CARD CP2 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?	(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	SHOW CARD CP1 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?	(01) NEVER (02) SOME DAYS (03) MOST DAYS (04) EVERY DAY (-8) DON'T KNOW (-9) REFUSED	CP4 - PAINFAM
PAINFAM	CP4	code one	SHOW CARD CP1 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?	(01) NEVER (02) SOME DAYS (03) MOST DAYS (04) EVERY DAY (-8) DON'T KNOW (-9) REFUSED	CP5 - PAINMANG
PAINMANG	CP5	code one	SHOW CARD CP3 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?	(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	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. Physical therapy, rehabilitative therapy, or occupational therapy	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	CP6- MANGSPNE
MANGSPNE	CP6	list	Spinal manipulation or other forms of chiropractic care	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	CP6- MANGCBT

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
MANGCBT	CP6	list	Talk therapies such as cognitive-behavioral therapy (CBT)	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	CP6 - MANGPROG
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

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
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 IAQ.		