

Demographics / Baseline Data

Person Identifier _____

Baseline Visit Data _____

First Name _____

Last Name _____

Participant Demographics

Date of Birth _____

Gender ☐ Male
☐ Female
☐ Transgender

Weight (kg) _____

Height (cm) _____

Ethnicity ☐ Hispanic or Latino
☐ Not Hispanic or Latino

Race ☐ American Indian or Alaska Native
☐ Asian
☐ African American or Black
☐ Native Hawaiian
☐ White
☐ Mixed Race

Confounding Factors

Hair Color ☐ Black
☐ Dark Brown
☐ Light Brown
☐ Blonde
☐ Red

Dominant Hand ☐ Left
☐ Right

Is the research Participant a current smoker? ☐ No
☐ Yes

Exclusion Criteria

Is the research participant is currently pregnant? ☐ No
☐ Yes
(An Answer of yes here should exclude the participant)

Is the research participant is current drug user? ☐ No
☐ Yes
(An answer of Yes here should exclude the participant)

Consent Form

Blank Consent Form (download for volunteer consent process)

[Attachment: "Consent_form.docx"]

Upload Signed/Scanned Consent Form

PROMIS Anxiety Data

Please respond to each item by marking one answer per question.

In the past 7 days...

I was irritated more than people knew...

- ☐ 1 Never
- ☐ 2 Rarely
- ☐ 3 Sometimes
- ☐ 4 Often
- ☐ 5 Always

I made myself angry about something just by thinking about it...

- ☐ 1 Never
- ☐ 2 Rarely
- ☐ 3 Sometimes
- ☐ 4 Often
- ☐ 5 Always

I felt angry...

- ☐ 1 Never
- ☐ 2 Rarely
- ☐ 3 Sometimes
- ☐ 4 Often
- ☐ 5 Always

I felt like I was ready to explode...

- ☐ 1 Never
- ☐ 2 Rarely
- ☐ 3 Sometimes
- ☐ 4 Often
- ☐ 5 Always

I stayed angry for hours...

- ☐ 1 Never
- ☐ 2 Rarely
- ☐ 3 Sometimes
- ☐ 4 Often
- ☐ 5 Always

I felt angrier than I thought I should...

- ☐ 1 Never
- ☐ 2 Rarely
- ☐ 3 Sometimes
- ☐ 4 Often
- ☐ 5 Always

I was grouchy...

- ☐ 1 Never
- ☐ 2 Rarely
- ☐ 3 Sometimes
- ☐ 4 Often
- ☐ 5 Always

I felt annoyed...

- ☐ 1 Never
- ☐ 2 Rarely
- ☐ 3 Sometimes
- ☐ 4 Often
- ☐ 5 Always

Thermal Data

Visit Date _____

Drug Combination Code

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10
- ☐ 11
- ☐ 12
- ☐ 13
- ☐ 14
- ☐ 15
- ☐ 16
- ☐ 17
- ☐ 18
- ☐ 19
- ☐ 20
- ☐ 21
- ☐ 22
- ☐ 23
- ☐ 24

(Leave Blank For Baseline Visit (No Drug Cocktail))

Round 1-Sensory Pain Measurement (Relative Intensity)

Thermal Combination 1

- ☐ 37 degree + 49 degree + 51 degree
- ☐ 37 degree + 51 degree + 49 degree
- ☐ 49 degree + 37 degree + 51 degree
- ☐ 51 degree + 37 degree + 49 degree

Sensory Pain Measurement 1 _____

Sensory Pain Measurement 2 _____

Sensory Pain Measurement 3 _____

Round 2 - Affective Pain Measurement (Relative Unpleasantness)

Thermal Combination 2

- ☐ 37 degree + 49 degree + 51 degree
- ☐ 37 degree + 51 degree + 49 degree
- ☐ 49 degree + 37 degree + 51 degree
- ☐ 51 degree + 37 degree + 49 degree

Affective Pain Measurement 1 _____

Affective Pain Measurement 2 _____

Affective Pain Measurement 3 _____

Round 3-Sensory Pain Measurement (Relative Intensity)

Thermal Combination 3

- ☐ 37 degree + 49 degree + 51 degree
☐ 37 degree + 51 degree + 49 degree
☐ 49 degree + 37 degree + 51 degree
☐ 51 degree + 37 degree + 49 degree

Sensory Pain Measurement 4

Sensory Pain Measurement 5

Sensory Pain Measurement 6

Round 4 - Affective Pain Measurements (Relative Unpleasantness)

Thermal Combination 4

- ☐ 37 degree + 49 degree + 51 degree
☐ 37 degree + 51 degree + 49 degree
☐ 49 degree + 37 degree + 51 degree
☐ 51 degree + 37 degree + 49 degree

Affective Pain Measurement 4

Affective Pain Measurement 5

Affective Pain Measurement 6

Adverse Event Information

Redness or Swelling

- ☐ No
☐ Yes

Disorientation

- ☐ No
☐ Yes

Any physical or mental sensation , other than those
related to the heat probe testing, that you
experienced after receiving the drug today?

- ☐ No
☐ Yes

Explain other Sensation
