

Thermal Data

Person Identifier _____

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 Administered))

Round 1- Sensory Pain Measurement (Relative Intensity)

Thermal Combination 1

- ☐ 37 deg + 49 deg + 51 deg
- ☐ 37 deg + 51 deg + 49 deg
- ☐ 49 deg + 37 deg + 51 deg
- ☐ 51 deg + 37 deg + 49 deg

Sensory Pain Measurement 1 _____

Sensory Pain Measurement 2 _____

Sensory Pain Measurement 3 _____

Round 2- Affective Pain Measurements (Relative Unpleasantness)

Thermal Combination 2

- ☐ 37 deg + 49 deg + 51 deg
- ☐ 37 deg + 51 deg + 49 deg
- ☐ 49 deg + 37 deg + 51 deg
- ☐ 51 deg + 37 deg + 49 deg

Affective Pain Measurement 1 _____

Affective Pain Measurement 2 _____

Affective Pain Measurement 3 _____

Round 3- Sensory Pain Measurement (Relative Intensity)

Thermal Combination 3

- ☐ 37 deg + 49 deg + 51 deg
☐ 37 deg + 51 deg + 49 deg
☐ 49 deg + 37 deg + 51 deg
☐ 51 deg + 37 deg + 49 deg

Affective Pain Measurement 4

Affective Pain Measurement 5

Affective Pain Measurement 6

Sensory Pain Measurement 4

Sensory Pain Measurement 5

Sensory Pain Measurement 6

Round 4- Affective Pain Measurement (Relative Unpleasantness)

Thermal Combination 4

- ☐ 37 deg + 49 deg + 51 deg
☐ 37 deg + 51 deg + 49 deg
☐ 49 deg + 37 deg + 51 deg
☐ 51 deg + 37 deg + 49 deg

Adverse Event Information

Redness or Swelling

- ☐ No
☐ Yes

Disorientation

- ☐ No
☐ Yes

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

- ☐ No
☐ Yes

Explain Other Sensation(s)
