



Participant ID: _____	Pin # _____
Discovery Site: _____	Clinical Center _____
CRF Date: ____/____/____	Visit #: _____

Quantitative Sensory Testing Screening

RC completes at **Screening Week 0** to instruct Participant and confirm QST procedures for **Baseline Week 4**.

QST pre-procedure notes and instructions:

- Please refer to the QST Manual of Procedures for important details to be reviewed prior to administering QST procedures. Review history and details regarding artificial fingernails, peripheral neuropathy, and the presence of open wounds on feet and record the details in the pre-procedure diagnostic section below.
- Request that the Participant wear comfortable loose-fitting clothing for the QST procedures. If necessary, provide a gown if clothing is not comfortable enough to wear during QST procedures.
- Notify the Participant that both legs up to the knee, both forearms up to the elbow, the neck and shoulder area, and the lower front waistline area will be exposed for testing. The feet up to the ankle will be submersed in a water bath.
- Please instruct the Participant to void before QST procedures.

QST pre-procedure diagnostic questions

1. Artificial fingernails status and history for **MAST** procedures

Please see the QST MOP section regarding artificial fingernails and review with the Participant **prior to completing MAST procedures**.

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|--|---|--|---|
| a. Participant has artificial fingernails | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₀ No | <input type="checkbox"/> ₉₉ NA |
| i. If Yes , Participant agrees to continue wearing artificial fingernails for the full duration of the MAPP II SPS Study | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₀ No | <input type="checkbox"/> ₉₉ NA |
| b. Has Participant discontinued wearing artificial fingernails less than six months prior to enrolling in the MAPP Symptom Patterns Study?
If Yes , <u>skip MAST procedures until after Pt. has been without artificial fingernails for at least six months.</u> | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₀ No | <input type="checkbox"/> ₉₉ NA |

2. Peripheral neuropathy for **MAST & Conditioned Pain Modulation** procedures

Please see the QST MOP section regarding peripheral neuropathy and review with the Participant **prior to completing MAST and CPM procedures**.

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|--|---|--|
| a. Participant has peripheral neuropathy in hands which would interfere with MAST results.
If Yes , <u>skip MAST procedures.</u> | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₀ No |
| b. Participant has peripheral neuropathy in feet which would interfere with Conditioned Pain Modulation results.
If Yes , <u>skip CPM procedures.</u> | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₀ No |

3. Open wounds on feet for **Conditioned Pain Modulation** procedures

Please see the QST MOP section regarding open wounds on feet and review with the Participant **prior to completing CPM procedures**.

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|---|---|--|
| a. Participant has open wound(s) on dominant foot requiring non-dominant foot to be used for CPM testing. | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₀ No |
| b. Participant has open wound(s) on both feet requiring CPM testing to be skipped at the Baseline Week 4 visit. | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₀ No |

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| 4. Has the Participant reviewed and consented to MAST procedures? | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₀ No |
| 5. Has the Participant reviewed and consented to Segmental/Regional Mechanical Sensitivity procedures? | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₀ No |
| 6. Has the Participant reviewed and consented to Temporal Summation procedures? | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₀ No |
| 7. Has the Participant reviewed and consented to Conditioned Pain Modulation procedures? | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₀ No |