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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 not comfortable enough to wear during QST procedures. • Notify the Participant wear comfortable loose-fitting clothing for the QST procedures. If necessary, provide a gown if clothing not comfortable enough to wear during QST procedures. • Notify the Participant view comfortable loose-fitting clothing for the QST procedures. • Prevention and the exposed for testing. The feet up to the ankle will be submersed in a water bath. • Prevention and integrating attificial fingernails and review with the Participant ovid before QST procedures. a. Participant agrees to continue wearing artificial fingernails and review with the Participant discontinued wearing artificial fingernails less than six months prior to enrolling in the MAPP Symptom Patterns Study? i. If Yes, skip MAST procedures until after Pt. has been without artificial fingernails for at least six months. 2. Peripheral neuropathy for MAST & Conditioned Pain Modulation procedures. a. Participant has pe		MAPP								
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		b. Participant has with Conditione	peripheral neuropathy in f ed Pain Modulation resu		vould interfere	□ ₁ Yes	□ 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. a. Participant has open wound(s) on dominant foot requiring non- \Box_1 Yes dominant foot to be used for CPM testing. b. Participant has open wound(s) on both feet requiring CPM testing \Box_1 Yes

to be skipped at the Baseline Week 4 visit.

4. Has the Participant reviewed and consented to MAST procedures?

Has the Participant reviewed and consented to Segmental/Regional 5. Mechanical Sensitivity procedures?

- 6. Has the Participant reviewed and consented to Temporal Summation procedures?
- 7. Has the Participant reviewed and consented to Conditioned Pain Modulation procedures?

 \Box_0 No

 \Box_0 No

 \Box_0 No

 \square_0 No

 \Box_0 No

 \Box_0 No

 \Box_1 Yes

 \Box_1 Yes

□₁ Yes

 \Box_1 Yes