Your Health

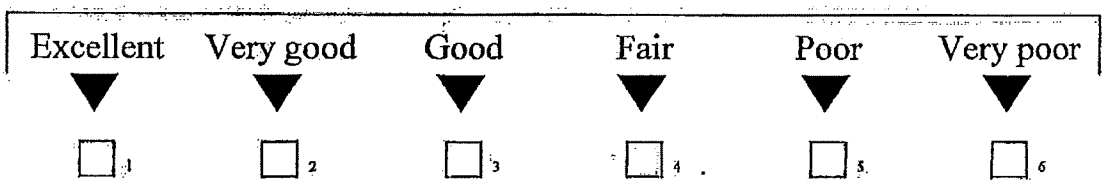
– *and* –

Well-Being

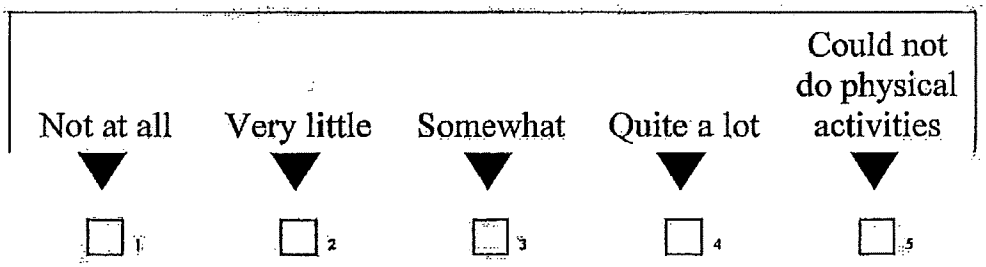
This survey asks for your views about your health. This information will help keep track of how you feel and how well you are able to do your usual activities.

Thank you for completing these questions!

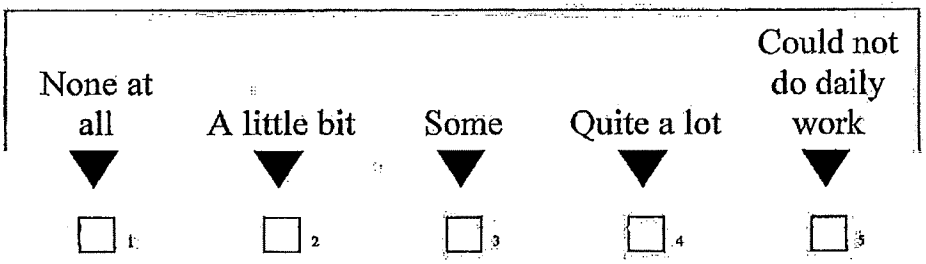
1. **Overall, how would you rate your health during the <u>past 4 weeks</u>? [Mark an ☒ in the one box that best describes your answer.]**



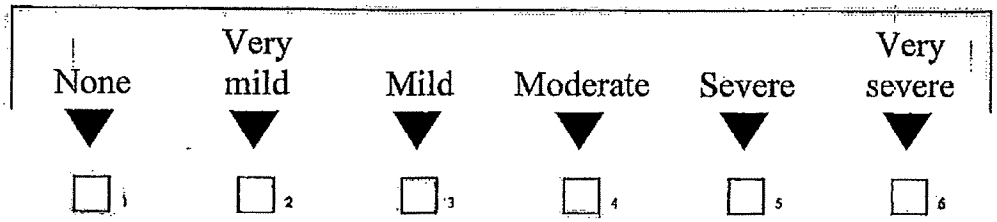
2. **During the <u>past 4 weeks</u>, how much did physical health problems limit your usual physical activities (walking, climbing stairs)?**



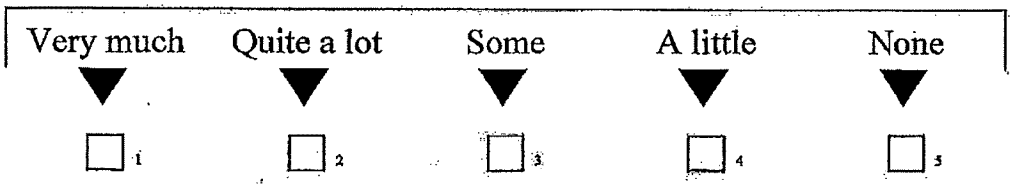
3. **During the <u>past 4 weeks</u>, how much difficulty did you have doing your daily work, both at home and away from home, because of your physical health?**



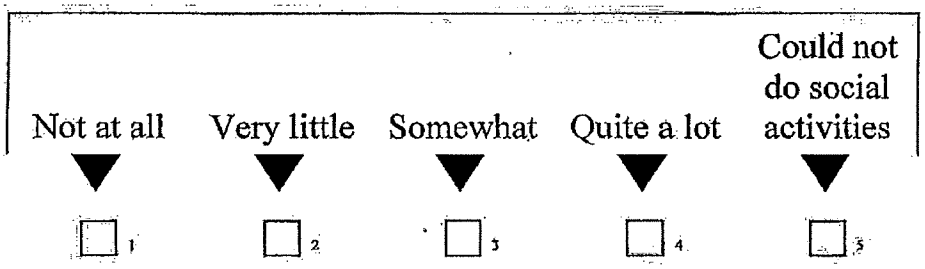
4. **How much <u>bodily</u> pain have you had during the <u>past 4 weeks</u>?**



5. **During the <u>past 4 weeks</u>, how much energy did you have?**



6. **During the <u>past 4 weeks</u>, how much did your physical health or emotional problems limit your usual social activities with family or friends?**



7. **During the <u>past 4 weeks</u>, how much have you been bothered by <u>emotional problems</u> (such as feeling anxious, depressed or irritable)?**

Not at all	Slightly	Moderately	Quite a lot	Extremely
☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

8. **During the <u>past 4 weeks</u>, how much did personal or emotional problems keep you from doing your usual work, school or other daily activities?**

Not at all	Very little	Somewhat	Quite a lot	Could not do daily activities
☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

Thank you for completing these questions!

Please describe the pain in your previously affected CRPS limb over the last week:

1. Throbbing	☐ none	☐ mild	☐ moderate	☐ severe
2. Shooting	☐ none	☐ mild	☐ moderate	☐ severe
3. Stabbing	☐ none	☐ mild	☐ moderate	☐ severe
4. Sharp	☐ none	☐ mild	☐ moderate	☐ severe
5. Cramping	☐ none	☐ mild	☐ moderate	☐ severe
6. Gnawing	☐ none	☐ mild	☐ moderate	☐ severe
7. Hot-burning	☐ none	☐ mild	☐ moderate	☐ severe
8. Aching	☐ none	☐ mild	☐ moderate	☐ severe
9. Tender	☐ none	☐ mild	☐ moderate	☐ severe

What is your present pain intensity?

☐ No pain
☐ Mild pain
☐ Discomforting
☐ Distressing
☐ Horrible
☐ Excruciating

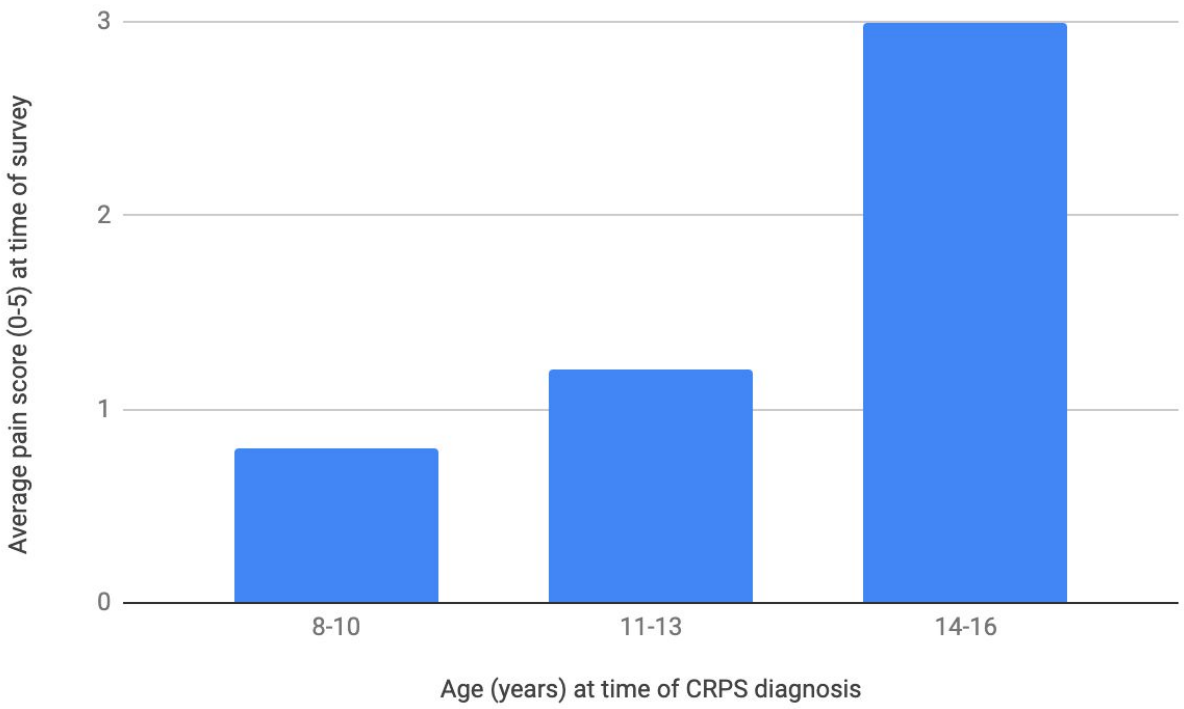
Do you have any symptoms outside the originally affected area?

☐ Yes ☐ No

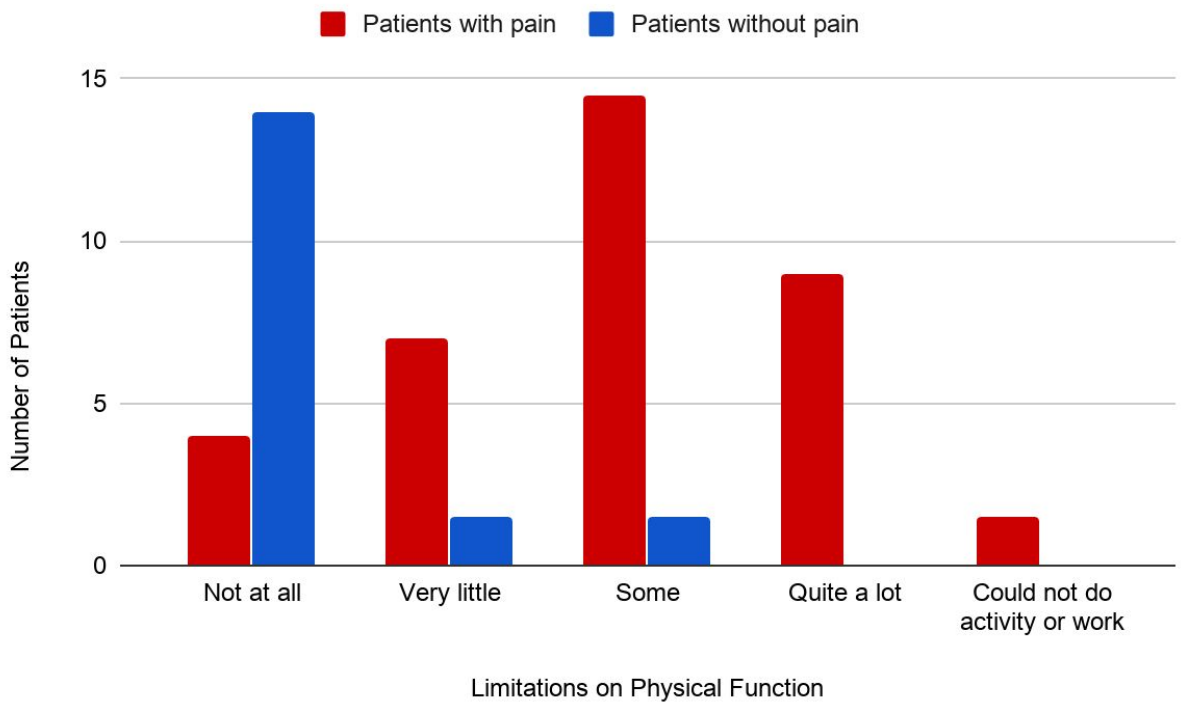
If you are experiencing recurrent symptoms, have you sought medical treatment?

☐ Yes ☐ No

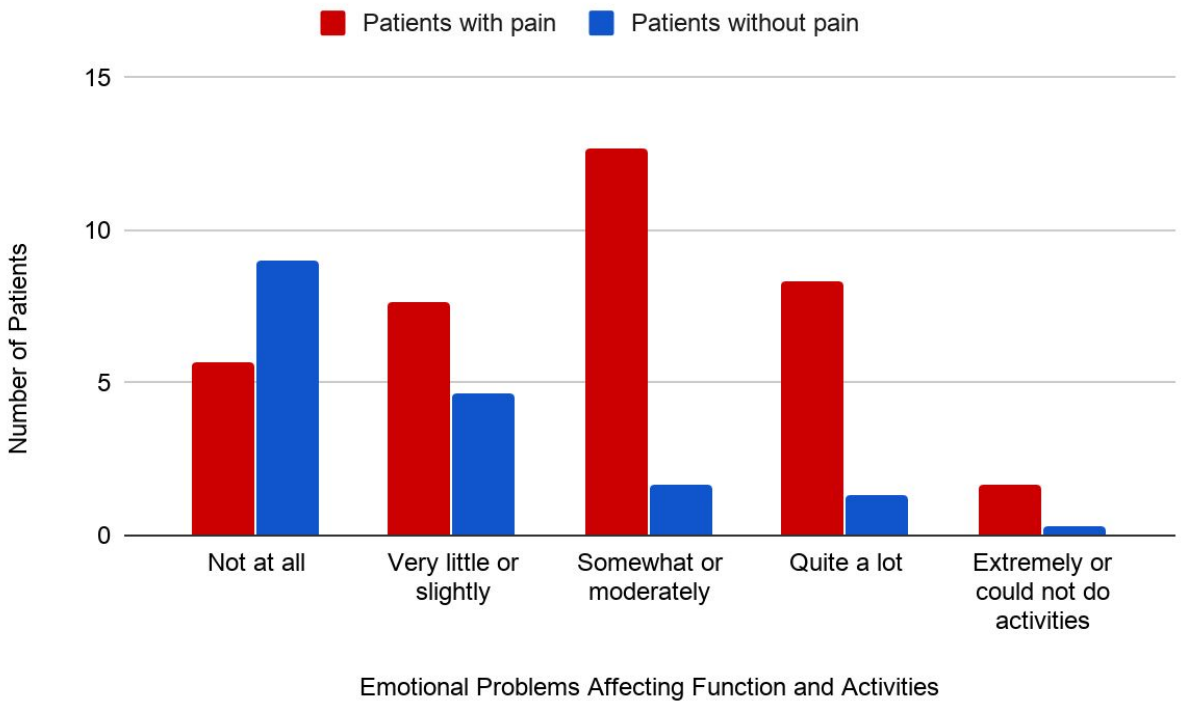
Supplemental Figure 1


3
2
1
0
Average pain score (0-5) at time of survey
8-10
11-13
14-16
Age (years) at time of CRPS diagnosis

Supplemental Figure 2a


Patients with pain
Patients without pain
15
10
5
0
Number of Patients
Not at all
Very little
Some
Quite a lot
Could not do activity or work
Limitations on Physical Function

Supplemental Figure 2b


Patients with pain
Patients without pain
15
10
5
0
Number of Patients
Not at all
Very little or slightly
Somewhat or moderately
Quite a lot
Extremely or could not do activities
Emotional Problems Affecting Function and Activities

Supplemental Table 1: Patient status based at last clinic visit

Patient status at last pain clinic visit	Number of patients (%)	Average Pain Score at time of survey	Average PCS at time of survey	Average MCS at time of survey
Pain requiring starting new treatment	11 (21%)	2.3	35.0	37.7
Pain but does not require new treatment	3 (6%)	2.0	42.6	37.9
CRPS resolved but ongoing other health problems	16 (30%)	1.9	41.6	42.5
CRPS resolved then recurred	11 (21%)	1.0	50.4	48.0
Doing well, tapering medications	4 (8%)	0.6	49.9	53.0
Doing well, CRPS resolved	8 (15%)	1.1	50.3	42.3