

Supplemental Table 1. Baseline pain history and characterization among 17 participants undergoing MRI-guided ablation for focal painful peripheral soft tissue vascular malformation.

Question or Statement	
How long has it been since your first learned your diagnosis (months)? mean±sd; median (range)	98.8
Have you ever had pain due to your present disease? n (%)	17 (100)
When you first received your diagnosis, was your pain one of your symptoms? n (%)	16 (94)
Did you take pain medications in the last 7 days? n (%)	11 (65)
I feel I have some form of pain now that requires medication each and every day: n (%)	10 (59)
What kinds of things make your pain feel better (for example, heat, medicine, rest)? n (%)	
• Rest	9 (53)
• Cold	5 (29)
• Elevation	5 (29)
• Heat	5 (29)
• Medicine	4 (24)
• Compression	2 (12)
• Nothing	1 (6)
• Stretching	1 (6)
• Bath	1 (6)
What kinds of things make your pain feel worse (for example, walking, standing, lifting)? n (%)	
• Walking	8 (47)
• Standing	8 (47)
• Bump/touch	4 (24)
• Lifting	4 (24)
• Running	2 (12)
• Mouse/Computer work	2 (12)
• Writing	2 (12)
• Driving	1 (6)
• Texting	1 (6)
• Doing hair	1 (6)
What treatments or medications are you receiving for pain? n (%)	
• Non-steroidal anti-inflammatory drugs (NSAIDS)	3 (18)
• Acetaminophen/Tylenol	2 (12)
• Hydrocodone/Ibuprofen (Vicoprofen)	1 (6)
• Gabapentin	3 (18)
• Pregabalin	1 (6)
• Cyclobenzaprine	1 (6)
In the last week, how much relief (%) have pain treatments or medications provided? mean±sd; median (range)	36.4

If you take pain medication, how many hours does it take before the pain returns? (n=11) n (%)	
• 1 hour	1 (9)
• 2 hours	2 (18)
• 3 hours	3 (27)
• 4 hours	1 (9)
• 5 to 12 hours	4 (36)
I believe my pain is due to my primary disease (meaning the disease currently being treated and evaluated): n (%)	18 (100)
I prefer to take my pain medicine: n (%)	
• Only when necessary	9 (50)
• Regular basis	5 (28)
• Don't take	3 (17)
I take my pain medicine (in a 24-hour period) n (%)	
• 1-2 times per day	4 (22)
• 3-4 times per day	3 (17)
• Not every day	9 (50)
• No response	1 (6)
Do you feel you need a stronger type of pain medication? n (%)	
• No	9 (50)
• Yes	5 (28)
• Uncertain	3 (17)
Do you feel you need to take more of the pain medication than your doctor has prescribed? n (%)	
• Yes	0 (0)
• No	14 (78)
• Uncertain	3 (17)
Are you concerned that you use too much pain medication? n (%)	
• Yes	1 (6)
• No	15 (83)
• Uncertain	1 (6)
Are you having problems with side effects from your pain medication? n (%)	
• Yes	4 (22)
○ Constipation	1 (6)
○ Foggy feeling	1 (6)
○ Makes me sleepy	1 (6)
○ Makes me sleepy / achy	1 (6)
• No	13 (73)
Other methods I use to relieve my pain include: (Please check all that apply): n (%)	
• Warm compression	8 (44)
• Cold compress	8 (44)
• Relaxation	5 (28)

• Distraction	9 (5
• Biofeedback	0 (0
• Hypnosis	0 (0
Medications not prescribed by my doctor that I take for pain are: n (%)	
• NSAIDS	7 (4
• Tylenol	4 (2
• CBD oil	1 (6
• Cyclobenzaprine	1 (6
Please describe condition: n (%)	
• Aching	15 (
• Throbbing	14 (
• Shooting	12 (
• Stabbing	12 (
• Gnawing	2 (1
• Sharp	10 (
• Tender	13 (
• Burning	4 (2
• Exhausting	9 (5
• Tiring	9 (5
• Penetrating	4 (2
• Nagging	9 (5
• Numb	5 (2
• Miserable	9 (5
• Unbearable	4 (2