Appendix. Questionnaire for symptoms, work life, economic status, and quality of life of complex regional pain syndrome patients

Q1. What is your sex? 1. Male	2. Female					
Q2. What is your age range?						
$1. \leq 20 \text{ yr}$	2. 21-30 yr	3. 31-40 yr				
4. 41-50 yr	5. 51-60 yr	6. > 60 yr				
Q3. What was your job before you got sick?						
1. Office work	2. Field job	3. Student				
4. Housewife	5. Not employed	6. The others				
Q4. What is your current job?						
1. Office work	2. Field job	3. Student				
4. Housewife	5. Not employed	6. The others				
Q5. How long does it take for you to be diagnosed with complex regional pain syndrome after the pain?1. Less than 3 months2. 3 or more-less than 6 months3. 6 or more-less than 12 months4. 12 or more-less than 36 months5. 36 months or more						
O6. How long have you been tre	ated since you were diagnosed with	complex regional pain syndrome?				
1. Less than 1 yr	2. 1 or more-less than 3 yrs	3. 3 or more-less than 5 yrs				
4. 5 or more-less than 10 yrs	5. 10 yrs or more					
	-					
	dent caused by complex regional pa	-				
1. Traffic accidents	2. Industrial accidents	3. The others4. Unknown				
Q7-1. What is the cause of the de	evelopment of complex regional pair	a syndrome? (Please select all of these items.))			
1. Fracture	2. Surgery	3. Splint				
4. Slightly injury	5. The others	6. Unknown				
O8. Where was the first outbrea	k of complex regional pain syndrom	e?				
1. Rt. upper extremity	2. Lt. upper extremity	3. Rt. lower extremity				
4. Lt. lower extremity	5. The others	,				
·						
-	ce of complex regional pain syndron					
1. Rt. upper extremity	2. Lt. upper extremity	3. Rt. lower extremity				
4. Lt. lower extremity	5. The others					
 Q10. What's the degree of disruption to your daily life? 1. There is no problem at all in everyday life. 2. A light daily life without help is no problem. (You can't physically work hard, you can shop alone.) 3. Light daily life is also difficult without help. 4. It's only possible to clean up one's own personal affairs. 5. You can't do anything by yourself. 						
Q11. How much pain do you have now? (0: No pain at all, 10: the worst pain imaginable) 1. 0-3: a mild state of pain 2. 4-6: medium-level state of pain 3. 7-10: a very severe state of pain						

Q11-1. Please write down your average pain score for the last week. (0-10): points						
Q12. Please write down the avera	age sleep time per day for th	ne last week	_hours			
Q13. What is the reason if you can't sleep well?1. Pain2. The others						
Q14. Are you aware of the pathophysiology of the disease in complex regional pain syndrome?1. Well known2. Known3. Not known						
Q15. Are you aware of the diagno 1. Well known	osis criteria for complex reg 2. Known	ional pain syndrome? 3. Not known				
Q16. Are you aware of the treatm 1. Well known	ent for complex regional pa 2. Known	ain syndrome? 3. Not known				
Q17. How did you get to know the	e information on Q14-16?					
1. Dr. and nurse	2. Newspaper	3. Peer group	4. The others			
Q18. How does the patient curren 1. Medical insurance 3. Industrial insurance	ntly use medical care? 2. Social insurance 4. Car insurance					
Q19. Do you currently have any financial difficulties after judging the complex regional pain syndrome? 1. Yes 2. No						
Q20. Does the patient currently have any income from social activities? 1. Yes 2. No						
Q21. How much is your monthly income if you have incom 1. Less than 500,000 won/mon 3. 1,000,000 or more-less than 2,000,000 won/mon 5. 3,000,000 won/mon or more		ne now? 2. 500,000 or more-less than 1,000,000 won/mon 4. 2,000,000 or more-less than 3,000,000 won/mon				
Q22. If you don't have income, how do you live your current life?						
1. Familiar support	2. Loan	3. Deposit				
4. Insurance	5. Social insurance	6. The others				
 Q23. How much pain did your complex regional pain syndrome get better after treatment? 1. 75% less pain than first time after treatment 2. 50-75% less pain than first time after treatment 3. 25-50% less pain than first time after treatment 4. Less than 25% less pain than first time after treatment 5. Nothing has changed since the first treatment. (No decreasing) 						
Q24. Are you currently taking an 1. Antipsychotics 3. Both	tipsychotics or analgesic o 2. Opioids 4. Neither	pioids?				

	ease did you treat? (Please select all) 2. Manic		3. Insomnia)	4. Suicide impulse
Q24-2. Have you ever 1. Yes	felt the urge to suicide im 2. No	pulse due to complex 1	regional pain syndrom	e?
		of your life. Please thi	nk about your daily ro	outine for the past four weeks
nd answer next. (Q25-		61:6		
1. Very bad	lo you think your quality o 2. Bad	3. Normal	4. Good	5. Very good
1. Very bad	2. Duu	5. Normai	4. 0000	5. Very 500u
Q26. How satisfied an	e you with your health?			
1. Very dissatisfied	2. Dissatisfied	3. Normal		
4. Satisfied	5. Very satisfied			
The following question	ons ask how many specific	c things you have expe	ienced in the past four	weeks. (Q27-Q33)
	y situations where pain pr		-	
1. Not at all	2. A little bit	3. Normal	4. Sometimes	
000 H 1 1	e 1 1 1 1 1 1	1		
Q28. How much do ye 1. Not at all	ou feel you need medical ł 2. A little bit	elp to maintain your c 3. Normal	ally life? 4. Sometimes	C. Entirely
1. Not at all	2. A little bit	5. Normai	4. Sometimes	5. Entirely
Q29. How much do yo	ou enjoy your life?			
1. Not at all	2. A little bit	3. Normal	4. Sometimes	5. Entirely
020 De ver feel thet				
1. Not at all	your life is meaningful? 2. A little bit	3. Normal	4. Sometimes	5. Entirely
1. NOT at all	2. A little bit	5. Normai	4. Sometimes	5. Entitely
Q31. What is your lev	el of concentration?			
1. Not at all	2. A little bit	3. Normal	4. Sometimes	5. Entirely
032 How safe did vo	u feel in your daily life?			
	2. A little bit	3. Normal	4. Sometimes	5. Entirely
Q33. How healthy are	e you physically?			
1. Not at all	2. A little bit	3. Normal	4. Sometimes	5. Entirely
The following is a qu	estion about how perfectly	y you have done or what	it vou have been able to	o do over the past four weeks.
)34-Q39)		y you have done of this	a you nuve been ubie t	
	ough energy for your daily	life?		
1. Not at all	2. A little bit	3. Normal	4. Sometimes	5. Entirely
-	e you with your actions? 2. A little bit	2 Normal	1. Comotine on	C. Entirely
1. Not at all	2. A little bit	3. Normal	4. Sometimes	5. Entirely
Q36. Do you have end	ough money for what you i	need?		
1. Not at all	2. A little bit	3. Normal	4. Sometimes	5. Entirely
Q37. How much infor 1. Not at all	mation can you use for yo 2. A little bit	3. Normal	4. Sometimes	5. Entirely

Q38. Do you have	the opportunity to do leis	ure activities?		
1. Not at all	2. A little bit	3. Normal	4. Sometimes	5. Entirely
O20 How well can	n you walk around?			
1. Not at all	2. A little bit	3. Normal	4. Sometimes	5. Entirely
1. Not at all	2. A little bit	5. Normai	4. 301110111103	J. Entirely
The following qu weeks. (Q40-Q49)	estions are about how go	od or satisfied you have	been with various aspects of	f life over the past four
	d are you with your sleep?			
1. Not at all	2. A little bit	3. Normal	4. Sometimes	5. Entirely
O41 How satisfie	d are you with your ability	to perform daily activitie	s?	
1. Not at all	2. A little bit	3. Normal	4. Sometimes	5. Entirely
in rot ut un		orrorman	ii oomotimee	of Entiroly
O42. How satisfie	d are you with your work a	bility?		
1. Not at all	2. A little bit	3. Normal	4. Sometimes	5. Entirely
				2
Q43. Are you satis	sfied with your appearance	e?		
1. Not at all	2. A little bit	3. Normal	4. Sometimes	5. Entirely
Q44. How satisfie	d are you with your persor	nal relationship?		
1. Not at all	2. A little bit	3. Normal	4. Sometimes	5. Entirely
O45. How satisfie	d are you with your sex life	\$?		
1. Not at all	2. A little bit	3. Normal	4. Sometimes	5. Entirely
1. Hot ut un	2.11 intrio bit	5. Hormur	i. oometineo	5. Entiroly
O46. How satisfie	d are you with the support	vou receive from vour fri	ends?	
1. Not at all	2. A little bit	3. Normal	4. Sometimes	5. Entirely
				5
Q47. How satisfied	d are you with your living	environment?		
1. Not at all	2. A little bit	3. Normal	4. Sometimes	5. Entirely
	1 • 1 • 1 1.			
	d are you with using healt			
1. Not at all	2. A little bit	3. Normal	4. Sometimes	5. Entirely
Q49. How satisfie	d are you with using for tra	ansportation?		
1. Not at all	2. A little bit	3. Normal	4. Sometimes	5. Entirely
			ced something in the last four	weeks.
	o you feel negative emotio			
1. Not at all	2. A little bit	3. Normal	4. Sometimes	5. Entirely