**Pain Assessment Research**

We are looking for participants who would be willing to be assessed during the race by repeated questions about their mental experience and pain levels. This should not interfere with your racing. The purpose of this study is to gain an understanding of how runners deal with the concept or physical feelings of pain in an attempt to ultimately identify pain and the mechanism pathways associate with pain. The series of questions will take approximately 1 min each to complete. There will be a pre and post-race assessment interview to discuss overall feelings.

A device called a dolorimeter (I will show to you and demonstrate the use of the dolorimeter) will be pressed onto your arm until you first feel discomfort from the pressure. You will give a signal and the device will be lifted from your arm. This will be repeated three times. You will then place your opposite hand in a cold water bath for two minutes. During this time we will again press the device to your arm twice: once at 90 seconds and again at 120 seconds.

You will be asked to respond to a pain and exertion scale before and after the race. These will be 10 point scaled used to assess your level of pain and exertion.

This study is completely volunteer on your part. You can discontinue participation at any point in the study.

You can submit this form virtually by emailing it to [cooperab1@mail.irsc.edu](mailto:cooperab1@mail.irsc.edu).

**Contact Information**

**Please contact the researcher listed below to:**

• Obtain more information about the study

• Ask a question about the study procedures

• Leave the study before it is finished

• Express a concern about the study

**Principal Investigator**: Alan B. Cooper

**Email:** cooperab1@mail.irsc.edu

**Phone:** (772) 812 – 2803

**Pre-Race Survey**

\*Information on this survey is private and confidential, and will not be used to diagnose or treat any injuries. This is for research purposes only. Your Race number will be your number associated with this study for data collection and analysis, there will be no direct identifying information associated with presentation of this data in any form.

Competitor Number: \_\_\_\_\_\_\_\_\_\_\_\_\_ Male: \_\_  \_\_ Female: \_\_  \_\_ Age: \_\_\_\_\_\_\_\_

Height: \_\_\_\_\_\_\_\_\_\_\_ Weight: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (If you would like your overall test results sent to you)

**Training History: Mark all that apply**

|  |  |  |
| --- | --- | --- |
| **Level of Competition** | **Running surface** | **Cross training** |
| Recreational only | Treadmill | Biking |
| Recreational competitive | Street (asphalt) | Swimming |
| Competitive (HS/College) | Sidewalk | Weights |
| Elite | Trail | Yoga |
| Pro | Track | Other (Please Specify) |

|  |  |  |
| --- | --- | --- |
| **Running data (fill in)** | **Recent Change in your training** | **Injury symptoms, occurrence** |
| Years of Running: | Increased mileage | Every step of the run |
| Average pace/mile: | New Shoes or inserts | Worse toward the end of the run |
| Average Mileage/week: | Speed work or track work | Worse at the start |
| Longest single run: | Hill Training | Only after the run ends |
| Runs per week: | Change in terrain | Next day |

**Basic Health Questions**

|  |  |  |
| --- | --- | --- |
|  | YES | NO |
| 1. Have you ever had or believe you have had a stroke or heart attack? |  |  |
| 1. Have you ever had coronary bypass surgery or any other type of heart surgery? |  |  |
| 1. Do you have any other cardiovascular or lung diseases? |  |  |
| 1. Do you have a history of diabetes, thyroid, kidney or liver disease? |  |  |
| 1. Have you ever been told that you have had an abnormal resting or exercise EKG? |  |  |
| 1. Pain of discomfort in the chest or surrounding areas that occurs when you engage in physical activity |  |  |
| 1. Shortness of Breath |  |  |
| 1. Unexplained dizziness or fainting |  |  |
| 1. Difficulty breathing at night except in upright position |  |  |
| 1. Swelling of the ankles (unrelated to injury) |  |  |
| 1. Heart palpitations |  |  |
| 1. Pain in the legs that causes you to stop walking |  |  |
| 1. Known heart murmur |  |  |
| 1. Are you pregnant or is there a possibility that you could be pregnant |  |  |
| 1. Have you had a surgery or been diagnosed with any disease in the past 3 months? |  |  |
| 1. Have you had high blood cholesterol or abnormal lipids within the last 12 months or are you taking medication to control your lipids? |  |  |
| 1. Do you currently smoke cigarettes or have you quit within the past 6 months? |  |  |
| 1. Has any male in your family had heart disease? |  |  |
| 1. Has any female in your family had heart disease? |  |  |
| 1. Have you ever been diagnosed with high Blood pressure > 140/90 |  |  |
| 1. Have you ever had a fasting blood glucose level > 110 mg/dl |  |  |
| 1. Are you currently under any treatment for blood clots |  |  |
| 1. Do you have any problems with your bones, joint or muscles |  |  |
| 1. Do you have any back or neck problems |  |  |
| 1. Have you ever been told by a health care professional that you should not exercise? |  |  |
| 1. Are there any other conditions such as mitral valve prolapse, epilepsy, rheumatic fever, asthma, cancer, anemia, hepatitis, etc.… that may alter your ability to exercise? |  |  |
| 1. During the past six months have you experienced any unexplained weight loss or gain? |  |  |

If you have answered yes to any of the previous question 1-27 please explain in the space below.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you taking any prescription or nonprescription medications? YES\_\_  \_\_ NO \_\_  \_\_ if so, please provide name and doses per day in the appropriate tables below.

**Prescription**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Dose | Frequency | Reason | Use during race |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Nonprescription**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Dose | Frequency | Reason | Use during race |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Have you had an operation within the last year? YES\_ \_\_ NO\_\_  \_\_ if so, please provide type of procedure performed. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any untreated injuries? YES\_ \_\_ NO\_ \_\_ if so, please provide area of body and severity of injuries. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will you be taking any prescription or nonprescription drugs during this event? (Such as Tylenol, Advil, other pain pills or any other substances) Remember this is total confidential for research only.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you engage in vigorous physical activities on a regular basis? YES\_  \_ NO\_\_ \_ if so, please provide: Types\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ How many days a week\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Duration of workout per day\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ How long have you engaged in this type of activity\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Informed Consent Form**

By signing this document, you are agreeing to be in this study. Make sure you understand what the study is about before you sign. I/We will give you a copy of this document for your records upon request and I/we will keep a copy with the study records. If you have any questions about the study after you sign this document, you can contact the study team using the information provided.

*I understand what the study is about and my questions so far have been answered. I agree to take part in this study.*

Print Legal Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Signature (mm/dd/yy): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_