

Manual for the Completion of CDISC Aligned NCI Standard Case Report Form (CRF) Modules

Introduction

In 2006, members of the National Cancer Institute's Center for Biomedical Informatics and Information Technology (NCI CBIIT) in conjunction with the cancer Data Standards Registry and Repository (caDSR) user community initiated a Case Report Form (CRF) harmonization activity. CRFs submitted from the community were reviewed and inventoried. The Harmonization group then reviewed all questions on the CRF and partitioned them into four categories:

- **Mandatory** – A data collection variable that must be on the CRF (e.g., a regulatory requirement (if applicable)).
- **Conditional** – A data collection variable that must be collected on the CRF for specific cases that may be dictated by local or sponsor defined business rules.
- **Optional** – A data collection variable that is available for use if needed. There is no regulatory or business requirement for inclusion of this element on the CRF; if the design and scientific questions posed in the study dictate the need to collect this type of data; this is the element to include on the CRF.
- **Non-harmonized** – A data collection variable that is, by consensus, to primarily belong to a different CRF module or is not belonging to any defined module.

A template form with modules that contain questions or variables representing data to be collected and a companion electronic CRF instruction manual was developed. These CRF modules were vetted and adopted by the caDSR stakeholder community as metadata standards.

Since the original CRFs and manuals were adopted, the Food & Drug Administration (FDA) published guidelines for submission of clinical trial study data using the Clinical Data Interchange Standards Consortium (CDISC) Study Data Tabulation Model (SDTM) for Investigational New Drug (IND) trials starting after December 2017. In response, NCI CBIIT has aligned the NCI Standard CRF modules with the CDISC data collection standard, Clinical Data Acquisition Standards Harmonization (CDASH) where data is expected to be submitted to FDA in SDTM format.

The instruction manual is a set of directions to guide data collection in each module template. Specific implementation instructions are not present; various groups may wish to implement the contents of a module in a variety of software applications.

The instructions include the field name, description or definition of each field, and any special formatting notes that apply to entries – such as the inclusion of full dates, use of values from a choice list only, etc. Finally, each question (or data item) is noted as Mandatory (m), Conditional (c), or Optional (o).

Brief Pain Inventory-BPI CDISC Aligned NCI Standard Template Module Definitions

Mapping to the CDASH:

N/A

Mapping to the SDTM:

This NCI Standard Template Form maps to the following domains in the SDTMIG v3.3 metadata table:

- QS – Questionnaires (v3.3)

Brief Pain Inventory-BPI CDISC Aligned NCI Standard Template Module Template Instructions

Field Descriptions and Instructions

Field Name (Partition Status) CDE ID # Short Name	Definition CDISC Mapping and Instruction	Format
Brief Pain Inventory Short Form Questionnaire 1 Have Pain Other Than Everyday Kind of Pain Indicator (Question 1-9(A-G)) 7092575 BPI201	A person's stated observation of whether or not pain, other than everyday kinds of pain such as minor headaches, sprains, and toothaches, is being experienced today, using a yes or no response. CDASH: No Match; SDTM: QSORRES (6659628) where QSTESTCD (6659631) = BPI201, QSEVINTX (6659632) = TODAY and QSCAT (6648971) = BPI SHORT FORM; General Question #1 of 9	CHARACTER. Use choice list
Brief Pain Inventory Short Form Questionnaire 2A Feel Pain Diagram Area Shading Text (Question 1-9(A-G)) 7092582 BPI202A	A person's stated observation of where pain is felt, using a diagram. CDASH: No Match; SDTM: QSORRES (6659628) where QSTESTCD (6659631) = BPI202A and QSCAT (6648971) = BPI SHORT FORM; General Question #2A of 9	ALPHANUMERIC

Field Name (Partition Status) CDE ID # Short Name	Definition CDISC Mapping and Instruction	Format
Brief Pain Inventory Short Form Questionnaire Area that Hurts Most Diagram Text (Question 1-9(A-G)) 7263040 BPI202B	A person's stated observation of where pain is felt, using a diagram. CDASH: No Match; SDTM: QSORRES (6659628) where QSTESTCD (6659631) = BPI202B and QSCAT (6648971) = BPI SHORT FORM; General Question #2B of 9	ALPHANUMERIC
Brief Pain Inventory Short Form Questionnaire 3 Last 24 Hours Pain at its Worst Score 11 Point Likert Scale (Question 1-9(A-G)) 7092597 BPI203	A person's stated observation rating pain at its worst in the last 24 hours, using a 11 point Likert scale. CDASH: No Match; SDTM: QSORRES (6659628) where QSTESTCD = BPI203, QSEVLINT= -P24H and QSCAT = BIP SHORT FORM; General Question #3 of 9	NUMBER. Use choice list.
Brief Pain Inventory Short Form Questionnaire 4 Last 24 Hours Pain at its Least Score 11 Point Likert Scale (Question 1-9(A-G)) 7092617 BPI204	A person's stated observation rating pain at its least in the last 24 hours, using a 11 point Likert scale. CDASH: No Match; SDTM: QSORRES (6659628) where QSTESTCD = BPI204, QSEVLINT= -P24H and QSCAT = BIP SHORT FORM; General Question #4 of 9	NUMBER. Use choice list.
Brief Pain Inventory Short Form Questionnaire 5 Last 24 Hours Pain on the Average Score 11 Point Likert Scale (Question 1-9(A-G)) 7092629 BPI205	A person's stated observation rating average pain in the last 24 hours, using a 11 point Likert scale CDASH: No Match; SDTM: QSORRES (6659628) where QSTESTCD = BPI205 and QSCAT = BIP SHORT FORM; General Question #5 of 9	NUMBER. Use choice list.

Field Name (Partition Status) CDE ID # Short Name	Definition CDISC Mapping and Instruction	Format
Brief Pain Inventory Short Form Questionnaire 6 Have Pain Right Now Score 11 Point Likert Scale (Question 1-9(A-G)) 7092625 BPI206	A person's stated observation rating current pain, using a 11 point Likert scale CDASH: No Match; SDTM: QSORRES (6659628) where QSTESTCD = BPI206 and QSCAT = BIP SHORT FORM; General Question #6 of 9	NUMBER. Use choice list.
Brief Pain Inventory Short Form Questionnaire 7 Treatment or Medication Receiving for Pain Descriptive Text (Question 1-9(A-G)) 7092559 BPI207	A person's stated observation that describes treatment or medication name currently being received for pain CDASH: No Match; SDTM: QSORRES (6659628) where QSTESTCD = BPI207 and QSCAT = BIP SHORT FORM; General Question #7 of 9	ALPHANUMERIC
Brief Pain Inventory Short Form Questionnaire 8 Last 24 Hours How Much Relief Received from Treatment or Medication Score 11 Point Percent Likert Scale (Question 1-9(A-G)) 7092605 BPI208	Brief Pain Inventory Short Form Questionnaire 8 Last 24 Hours How Much Relief Received from Treatment or Medication Score 11 Point Percent Likert Scale CDASH: No Match; SDTM: QSORRES (6659628) where QSTESTCD = BPI208, QSEVLINT= -P24H and QSCAT = BIP SHORT FORM; General Question #8 of 9	NUMBER. Use choice list.

Field Name (Partition Status) CDE ID # Short Name	Definition CDISC Mapping and Instruction	Format
<p>Brief Pain Inventory Short Form Questionnaire 9A Last 24 Hours Pain Interfered with General Activity Score 11 Point Likert Scale (Question 1-9(A-G)) 7074649 BPI209A</p>	<p>A person's stated observation of how much pain has interfered with general activity in the last 24 hours, using a 11 point Likert scale</p> <p>CDASH: No Match; SDTM: QSORRES (6659628) where QSTESTCD = BPI209A, QSEVLINT= -P24H and QSCAT = BIP SHORT FORM; General Question #9A of 9; Circle the one number that describes how, during the past 24 hours, pain has interfered with your:</p>	<p>NUMBER. Use choice list</p>
<p>Brief Pain Inventory Short Form Questionnaire 9B Pain Interfered with Mood Score 11 Point Likert Scale (Question 1-9(A-G)) 7092609 BPI209B</p>	<p>A person's stated observation of how much pain has interfered with mood in the last 24 hours, using a 11 point Likert scale</p> <p>CDASH: No Match; SDTM: QSORRES (6659628) where QSTESTCD = BPI209B, QSEVLINT= -P24H and QSCAT = BIP SHORT FORM; General Question #9B of 9; Circle the one number that describes how, during the past 24 hours, pain has interfered with your:</p>	<p>NUMBER. Use choice list</p>
<p>Brief Pain Inventory Short Form Questionnaire 9C Last 24 Hours Pain Interfered with Walking Ability Score 11 Point Likert Scale (Question 1-9(A-G)) 7092613 BPI209C</p>	<p>A person's stated observation of how much pain has interfered with walking ability in the last 24 hours, using a 11 point Likert scale.</p> <p>CDASH: No Match; SDTM: QSORRES (6659628) where QSTESTCD = BPI209C, QSEVLINT= -P24H and QSCAT = BIP SHORT FORM; General Question #9C of 9; Circle the one number that describes how, during the past 24 hours, pain has interfered with your:</p>	<p>NUMBER. Use choice list</p>

Field Name (Partition Status) CDE ID # Short Name	Definition CDISC Mapping and Instruction	Format
Brief Pain Inventory Short Form Questionnaire 9D Last 24 Hours Pain Interfered with Work Score 11 Point Likert Scale (Question 1-9(A-G)) 7092601 BPI209D	A person's stated observation of how much pain has interfered with normal work (including both work outside the home and housework) in the last 24 hours, using a 11 point Likert scale CDASH: No Match; SDTM: QSORRES (6659628) where QSTESTCD = BPI209D, QSEVLINT= -P24H and QSCAT = BIP SHORT FORM; General Question #9D of 9; Circle the one number that describes how, during the past 24 hours, pain has interfered with your:	NUMBER. Use choice list
Brief Pain Inventory Short Form Questionnaire 9E Last 24 Hours Pain Interfered with Relations with Other People Score 11 Point Likert Scale (Question 1-9(A-G)) 7092593 BPI209E	A person's stated observation of how much pain has interfered with relations with other people in the last 24 hours, using a 11 point Likert scale CDASH: No Match; CDASH: QSORRES (6659268) where QSTESTCD = BPI209E, QSEVLINT= -P24H and QSCAT = BIP SHORT FORM; General Question #9E of 9; Circle the one number that describes how, during the past 24 hours, pain has interfered with your:	NUMBER. Use choice list

Field Name (Partition Status) CDE ID # Short Name	Definition CDISC Mapping and Instruction	Format
<p>Brief Pain Inventory Short Form Questionnaire 9F Last 24 Hours Pain Interfered with Sleep Score 11 Point Likert Scale (Question 1-9(A-G)) 7092621 BPI209F</p>	<p>A person's stated observation of how much pain has interfered with sleep in the last 24 hours, using a 11 point Likert scale</p> <p>CDASH: No Match; SDTM: QSORRES (6659628) where QSTESTCD = BPI209F, QSEVLINT= -P24H and QSCAT = BIP SHORT FORM; General Question #9F of 9; Circle the one number that describes how, during the past 24 hours, pain has interfered with your:</p>	<p>NUMBER. Use choice list</p>
<p>Brief Pain Inventory Short Form Questionnaire 9G Last 24 Hours Pain Interfered with Enjoyment of Life Score 11 Point Likert Scale (Question 1-9(A-G)) 7092571 BPI209G</p>	<p>A person's stated observation of how much pain has interfered with enjoyment of life in the last 24 hours, using a 11 point Likert scale</p> <p>CDASH: No Match; SDTM: QSORRES (6659628) where QSTESTCD = BPI209G, QSEVLINT= -P24H and QSCAT = BIP SHORT FORM; General Question #9G of 9; Circle the one number that describes how, during the past 24 hours, pain has interfered with your:</p>	<p>NUMBER. Use choice list</p>

Annotated CRF: Brief Pain Inventory-BPI CDISC Aligned NCI Standard Template

This annotated CRF is ONLY used to show CDISC mapping without consideration of the CRF layout. CDASH mapping is in **Blue**, and SDTM mapping is in **Red**.

Form Name: Brief Pain Inventory-BPI CDISC Aligned NCI Standard Template

Question 1-9(A-G) Questions

CRF Question	Value Domain
<p>Throughout our lives, most of us have had pain from time to time (such as minor headaches, sprains and toothaches). Have you had pain other than these everyday kinds of pain today? (7092575) CDE Short Name: BPI201</p> <div style="border: 1px solid blue; padding: 5px; margin: 10px 0;"> <p>CDASH: No Match</p> </div> <div style="border: 1px solid red; padding: 5px; margin: 10px 0;"> <p>SDTM: QSORRES (6659628) where QSTESTCD (6659631) = BPI201, QSEVINTX (6659632) = TODAY and QSCAT (6648971) = BPI SHORT FORM</p> </div>	<p>CHARACTER – Maximum Length = 3</p> <p><input type="checkbox"/> No – No</p> <p><input type="checkbox"/> Yes – Yes</p>
<p>On the diagram, shade in the areas where you feel pain. (7092582) CDE Short Name: BPI202A</p> <div style="border: 1px solid blue; padding: 5px; margin: 10px 0;"> <p>CDASH: No Match</p> </div> <div style="border: 1px solid red; padding: 5px; margin: 10px 0;"> <p>SDTM: QSORRES (6659628) where QSTESTCD (6659631) = BPI202A and QSCAT (6648971) = BPI SHORT FORM</p> </div>	<p>ALPHANUMERIC – Maximum Length = 200</p>

CRF Question	Value Domain
<p>Put an X on the area that hurts the most. (7263040) CDE Short Name: BPI202B</p> <div data-bbox="287 352 769 413" style="border: 1px solid blue; padding: 5px; margin-bottom: 10px;"> <p>CDASH: No Match</p> </div> <div data-bbox="287 453 769 596" style="border: 1px solid red; padding: 5px;"> <p>SDTM: QSORRES (6659628) where QSTESTCD (6659631) = BPI202B and QSCAT (6648971) = BPI SHORT FORM</p> </div>	<p>ALPHANUMERIC – Maximum Length = 200</p>
<p>Please rate your pain by circling the one number that best describes your pain at its WORST in the last 24 hours. (7092597) CDE Short Name: BPI203</p> <div data-bbox="287 795 769 856" style="border: 1px solid blue; padding: 5px; margin-bottom: 10px;"> <p>CDASH: No Match</p> </div> <div data-bbox="287 896 769 1068" style="border: 1px solid red; padding: 5px;"> <p>SDTM: QSORRES (6659628) where QSTESTCD (6659631) = BPI203, QSEVLINT (6659632) = -P24H and QSCAT (6648971) = BPI SHORT FORM</p> </div>	<p>NUMBER – Maximum Length = 2</p> <ul style="list-style-type: none"> <input type="checkbox"/> 0 – Pain Rating Score 0 <input type="checkbox"/> 1 – Pain Rating Score 1 <input type="checkbox"/> 2 – Pain Rating Score 2 <input type="checkbox"/> 3 – Pain Rating Score 3 <input type="checkbox"/> 4 – Pain Rating Score 4 <input type="checkbox"/> 5 – Pain Rating Score 5 <input type="checkbox"/> 6 – Pain Rating Score 6 <input type="checkbox"/> 7 – Pain Rating Score 7 <input type="checkbox"/> 8 – Pain Rating Score 8 <input type="checkbox"/> 9 – Pain Rating Score 9 <input type="checkbox"/> 10 – Pain Rating Score 10
<p>Please rate your pain by circling the one number that best describes your pain at its LEAST in the last 24 hours. (7092617) CDE Short Name: BPI204</p> <div data-bbox="287 1365 769 1425" style="border: 1px solid blue; padding: 5px; margin-bottom: 10px;"> <p>CDASH: No Match</p> </div> <div data-bbox="287 1465 769 1638" style="border: 1px solid red; padding: 5px;"> <p>SDTM: QSORRES (6659628) where QSTESTCD (6659631) = BPI204, QSEVLINT (6659632) = -P24H and QSCAT (6648971) = BPI SHORT FORM</p> </div>	<p>NUMBER – Maximum Length = 2</p> <ul style="list-style-type: none"> <input type="checkbox"/> 0 – Pain Rating Score 0 <input type="checkbox"/> 1 – Pain Rating Score 1 <input type="checkbox"/> 2 – Pain Rating Score 2 <input type="checkbox"/> 3 – Pain Rating Score 3 <input type="checkbox"/> 4 – Pain Rating Score 4 <input type="checkbox"/> 5 – Pain Rating Score 5 <input type="checkbox"/> 6 – Pain Rating Score 6 <input type="checkbox"/> 7 – Pain Rating Score 7 <input type="checkbox"/> 8 – Pain Rating Score 8 <input type="checkbox"/> 9 – Pain Rating Score 9 <input type="checkbox"/> 10 – Pain Rating Score 10

CRF Question	Value Domain
<p>Please rate your pain by circling the one number that best describes your pain on the AVERAGE. (7092629) CDE Short Name: BPI205</p> <div data-bbox="289 384 769 443" style="border: 1px solid blue; padding: 2px; margin: 10px 0;">CDASH: No Match</div> <div data-bbox="289 485 769 627" style="border: 1px solid red; padding: 2px; margin: 10px 0;">SDTM: QSORRES (6659628) where QSTESTCD (6659631) = BPI205 and QSCAT (6648971) = BPI SHORT FORM</div>	<p>NUMBER – Maximum Length = 2</p> <ul style="list-style-type: none"> <input type="checkbox"/> 0 – Pain Rating Score 0 <input type="checkbox"/> 1 – Pain Rating Score 1 <input type="checkbox"/> 2 – Pain Rating Score 2 <input type="checkbox"/> 3 – Pain Rating Score 3 <input type="checkbox"/> 4 – Pain Rating Score 4 <input type="checkbox"/> 5 – Pain Rating Score 5 <input type="checkbox"/> 6 – Pain Rating Score 6 <input type="checkbox"/> 7 – Pain Rating Score 7 <input type="checkbox"/> 8 – Pain Rating Score 8 <input type="checkbox"/> 9 – Pain Rating Score 9 <input type="checkbox"/> 10 – Pain Rating Score 10
<p>Please rate your pain by circling the one number that best describes how much pain you have RIGHT NOW. (7092625) CDE Short Name: BPI206</p> <div data-bbox="289 953 769 1012" style="border: 1px solid blue; padding: 2px; margin: 10px 0;">CDASH: No Match</div> <div data-bbox="289 1054 769 1197" style="border: 1px solid red; padding: 2px; margin: 10px 0;">SDTM: QSORRES (6659628) where QSTESTCD (6659631) = BPI206 and QSCAT (6648971) = BPI SHORT FORM</div>	<p>NUMBER – Maximum Length = 2</p> <ul style="list-style-type: none"> <input type="checkbox"/> 0 – Pain Rating Score 0 <input type="checkbox"/> 1 – Pain Rating Score 1 <input type="checkbox"/> 2 – Pain Rating Score 2 <input type="checkbox"/> 3 – Pain Rating Score 3 <input type="checkbox"/> 4 – Pain Rating Score 4 <input type="checkbox"/> 5 – Pain Rating Score 5 <input type="checkbox"/> 6 – Pain Rating Score 6 <input type="checkbox"/> 7 – Pain Rating Score 7 <input type="checkbox"/> 8 – Pain Rating Score 8 <input type="checkbox"/> 9 – Pain Rating Score 9 <input type="checkbox"/> 10 – Pain Rating Score 10
<p>What treatments or medications are you receiving for your pain? (7092559) CDE Short Name: BPI207</p> <div data-bbox="289 1493 769 1551" style="border: 1px solid blue; padding: 2px; margin: 10px 0;">CDASH: No Match</div> <div data-bbox="289 1593 769 1736" style="border: 1px solid red; padding: 2px; margin: 10px 0;">SDTM: QSORRES (6659628) where QSTESTCD (6659631) = BPI207 and QSCAT (6648971) = BPI SHORT FORM</div>	<p>ALPHANUMERIC – Maximum Length = 200</p>

CRF Question	Value Domain
<p>In the last 24 hours, how much relief have pain treatments or medications provided? Please circle the one percentage that shows how much RELIEF you have received. (7092605)</p> <p>CDE Short Name: BPI208</p> <div data-bbox="289 445 769 506" style="border: 1px solid blue; padding: 2px; margin: 10px 0;">CDASH: No Match</div> <div data-bbox="289 548 769 720" style="border: 1px solid red; padding: 2px; margin: 10px 0;">SDTM: QSORRES (6659628) where QSTESTCD (6659631) = BPI208, QSEVLINT (6659632) = -P24H and QSCAT (6648971) = BPI SHORT FORM</div>	<p>NUMBER – Maximum Length = 2</p> <ul style="list-style-type: none"> <input type="checkbox"/> 0 – Percentage Relief From Pain Treatment or Medication Score 0 <input type="checkbox"/> 10 – Percentage Relief From Pain Treatment or Medication Score 10 <input type="checkbox"/> 20 – Percentage Relief From Pain Treatment or Medication Score 20 <input type="checkbox"/> 30 – Percentage Relief From Pain Treatment or Medication Score 30 <input type="checkbox"/> 40 – Percentage Relief From Pain Treatment or Medication Score 40 <input type="checkbox"/> 50 – Percentage Relief From Pain Treatment or Medication Score 50 <input type="checkbox"/> 60 – Percentage Relief From Pain Treatment or Medication Score 60 <input type="checkbox"/> 70 – Percentage Relief From Pain Treatment or Medication Score 70 <input type="checkbox"/> 80 – Percentage Relief From Pain Treatment or Medication Score 80 <input type="checkbox"/> 90 – Percentage Relief From Pain Treatment or Medication Score 90 <input type="checkbox"/> 100 – Percentage Relief From Pain Treatment or Medication Score 100
<p>General Activity (7074649)</p> <p>CDE Short Name: BPI209A</p> <div data-bbox="289 1230 769 1291" style="border: 1px solid blue; padding: 2px; margin: 10px 0;">CDASH: No Match</div> <div data-bbox="289 1333 769 1505" style="border: 1px solid red; padding: 2px; margin: 10px 0;">SDTM: QSORRES (6659628) where QSTESTCD (6659631) = BPI209A, QSEVLINT (6659632) = -P24H and QSCAT (6648971) = BPI SHORT FORM</div>	<p>NUMBER – Maximum Length = 2</p> <ul style="list-style-type: none"> <input type="checkbox"/> 0 – Pain Interference Score 0 <input type="checkbox"/> 1 – Pain Interference Score 1 <input type="checkbox"/> 2 – Pain Interference Score 2 <input type="checkbox"/> 3 – Pain Interference Score 3 <input type="checkbox"/> 4 – Pain Interference Score 4 <input type="checkbox"/> 5 – Pain Interference Score 5 <input type="checkbox"/> 6 – Pain Interference Score 6 <input type="checkbox"/> 7 – Pain Interference Score 7 <input type="checkbox"/> 8 – Pain Interference Score 8 <input type="checkbox"/> 9 – Pain Interference Score 9 <input type="checkbox"/> 10 – Pain Interference Score 10

CRF Question	Value Domain
<p>Mood (7092609) CDE Short Name: BPI209B</p> <div data-bbox="285 321 769 382" style="border: 1px solid blue; padding: 2px; margin: 10px 0;">CDASH: No Match</div> <div data-bbox="285 422 769 596" style="border: 1px solid red; padding: 2px; margin: 10px 0;">SDTM: QSORRES (6659628) where QSTESTCD (6659631) = BPI209B, QSEVLINT (6659632) = -P24H and QSCAT (6648971) = BPI SHORT FORM</div>	<p>NUMBER – Maximum Length = 2</p> <ul style="list-style-type: none"> <input type="checkbox"/> 0 – Pain Interference Score 0 <input type="checkbox"/> 1 – Pain Interference Score 1 <input type="checkbox"/> 2 – Pain Interference Score 2 <input type="checkbox"/> 3 – Pain Interference Score 3 <input type="checkbox"/> 4 – Pain Interference Score 4 <input type="checkbox"/> 5 – Pain Interference Score 5 <input type="checkbox"/> 6 – Pain Interference Score 6 <input type="checkbox"/> 7 – Pain Interference Score 7 <input type="checkbox"/> 8 – Pain Interference Score 8 <input type="checkbox"/> 9 – Pain Interference Score 9 <input type="checkbox"/> 10 – Pain Interference Score 10
<p>Walking Ability (7092613) CDE Short Name: BPI209C</p> <div data-bbox="285 890 769 951" style="border: 1px solid blue; padding: 2px; margin: 10px 0;">CDASH: No Match</div> <div data-bbox="285 991 769 1165" style="border: 1px solid red; padding: 2px; margin: 10px 0;">SDTM: QSORRES (6659628) where QSTESTCD (6659631) = BPI209C, QSEVLINT (6659632) = -P24H and QSCAT (6648971) = BPI SHORT FORM</div>	<p>NUMBER – Maximum Length = 2</p> <ul style="list-style-type: none"> <input type="checkbox"/> 0 – Pain Interference Score 0 <input type="checkbox"/> 1 – Pain Interference Score 1 <input type="checkbox"/> 2 – Pain Interference Score 2 <input type="checkbox"/> 3 – Pain Interference Score 3 <input type="checkbox"/> 4 – Pain Interference Score 4 <input type="checkbox"/> 5 – Pain Interference Score 5 <input type="checkbox"/> 6 – Pain Interference Score 6 <input type="checkbox"/> 7 – Pain Interference Score 7 <input type="checkbox"/> 8 – Pain Interference Score 8 <input type="checkbox"/> 9 – Pain Interference Score 9 <input type="checkbox"/> 10 – Pain Interference Score 10
<p>Normal work (includes both work outside the home and housework) (7092601) CDE Short Name: BPI209D</p> <div data-bbox="285 1493 769 1554" style="border: 1px solid blue; padding: 2px; margin: 10px 0;">CDASH: No Match</div> <div data-bbox="285 1593 769 1768" style="border: 1px solid red; padding: 2px; margin: 10px 0;">SDTM: QSORRES (6659628) where QSTESTCD (6659631) = BPI209D, QSEVLINT (6659632) = -P24H and QSCAT (6648971) = BPI SHORT FORM</div>	<p>NUMBER – Maximum Length = 2</p> <ul style="list-style-type: none"> <input type="checkbox"/> 0 – Pain Interference Score 0 <input type="checkbox"/> 1 – Pain Interference Score 1 <input type="checkbox"/> 2 – Pain Interference Score 2 <input type="checkbox"/> 3 – Pain Interference Score 3 <input type="checkbox"/> 4 – Pain Interference Score 4 <input type="checkbox"/> 5 – Pain Interference Score 5 <input type="checkbox"/> 6 – Pain Interference Score 6 <input type="checkbox"/> 7 – Pain Interference Score 7 <input type="checkbox"/> 8 – Pain Interference Score 8 <input type="checkbox"/> 9 – Pain Interference Score 9 <input type="checkbox"/> 10 – Pain Interference Score 10

CRF Question	Value Domain
<p>Relations with other people (7092593) CDE Short Name: BPI209E</p> <div data-bbox="285 321 769 380" style="border: 1px solid blue; padding: 2px; margin: 10px 0;"> <p>CDASH: No Match</p> </div> <div data-bbox="285 422 769 596" style="border: 1px solid red; padding: 2px; margin: 10px 0;"> <p>SDTM: QSORRES (6659268) where QSTESTCD (6659631) = BPI209E, QSEVLINT (6659632) = -P24H and QSCAT (6648971) = BPI SHORT FORM</p> </div>	<p>NUMBER – Maximum Length = 2</p> <ul style="list-style-type: none"> <input type="checkbox"/> 0 – Pain Interference Score 0 <input type="checkbox"/> 1 – Pain Interference Score 1 <input type="checkbox"/> 2 – Pain Interference Score 2 <input type="checkbox"/> 3 – Pain Interference Score 3 <input type="checkbox"/> 4 – Pain Interference Score 4 <input type="checkbox"/> 5 – Pain Interference Score 5 <input type="checkbox"/> 6 – Pain Interference Score 6 <input type="checkbox"/> 7 – Pain Interference Score 7 <input type="checkbox"/> 8 – Pain Interference Score 8 <input type="checkbox"/> 9 – Pain Interference Score 9 <input type="checkbox"/> 10 – Pain Interference Score 10
<p>Sleep (7092621) CDE Short Name: BPI209F</p> <div data-bbox="285 884 769 942" style="border: 1px solid blue; padding: 2px; margin: 10px 0;"> <p>CDASH: No Match</p> </div> <div data-bbox="285 984 769 1159" style="border: 1px solid red; padding: 2px; margin: 10px 0;"> <p>SDTM: QSORRES (6659628) where QSTESTCD (6659631) = BPI209F, QSEVLINT (6659632) = -P24H and QSCAT (6648971) = BPI SHORT FORM</p> </div>	<p>NUMBER – Maximum Length = 2</p> <ul style="list-style-type: none"> <input type="checkbox"/> 0 – Pain Interference Score 0 <input type="checkbox"/> 1 – Pain Interference Score 1 <input type="checkbox"/> 2 – Pain Interference Score 2 <input type="checkbox"/> 3 – Pain Interference Score 3 <input type="checkbox"/> 4 – Pain Interference Score 4 <input type="checkbox"/> 5 – Pain Interference Score 5 <input type="checkbox"/> 6 – Pain Interference Score 6 <input type="checkbox"/> 7 – Pain Interference Score 7 <input type="checkbox"/> 8 – Pain Interference Score 8 <input type="checkbox"/> 9 – Pain Interference Score 9 <input type="checkbox"/> 10 – Pain Interference Score 10
<p>Enjoyment of Life (7092571) CDE Short Name: BPI209G</p> <div data-bbox="285 1444 769 1503" style="border: 1px solid blue; padding: 2px; margin: 10px 0;"> <p>CDASH: No Match</p> </div> <div data-bbox="285 1545 769 1719" style="border: 1px solid red; padding: 2px; margin: 10px 0;"> <p>SDTM: QSORRES (6659628) where QSTESTCD (6659631) = BPI209G, QSEVLINT (6659632) = -P24H and QSCAT (6648971) = BPI SHORT FORM</p> </div>	<p>NUMBER – Maximum Length = 2</p> <ul style="list-style-type: none"> <input type="checkbox"/> 0 – Pain Interference Score 0 <input type="checkbox"/> 1 – Pain Interference Score 1 <input type="checkbox"/> 2 – Pain Interference Score 2 <input type="checkbox"/> 3 – Pain Interference Score 3 <input type="checkbox"/> 4 – Pain Interference Score 4 <input type="checkbox"/> 5 – Pain Interference Score 5 <input type="checkbox"/> 6 – Pain Interference Score 6 <input type="checkbox"/> 7 – Pain Interference Score 7 <input type="checkbox"/> 8 – Pain Interference Score 8 <input type="checkbox"/> 9 – Pain Interference Score 9 <input type="checkbox"/> 10 – Pain Interference Score 10