

PETER PAIN UH3
Follow-Up Assessments

Instrument	1-Week & 7-Week	2-Week & 6-Week	4-Week	8-Week	12-Week
Medication Tolerability	X	X	X	X	
Follow-Up Symptom Checklist	X	X	X	X	
Medication Adherence	X	X	X	X	
Brief Pain Inventory	X	X	X	X	X
Follow Up Medication Visit Checklist	X	X			
Daily Pain Diary	X	X		X	X
Medication Satisfaction (TSQM)		X	X	X	
Alcohol Use: 30 day TLFB			X	X	X
Penn Alcohol Craving Score			X	X	X
Depressive Symptoms (CES-D)			X	X	X
Anxiety (GAD-7)			X	X	X
ART Use and Adherence			X	X	X
Co-Morbidities			X	X	X
Medications			X	X	X
Drug Use (modified RBS)			X	X	X
VR-12 Health Survey & MOS HIV			X	X	X
Cold Pressor Testing			X	X	X
Willingness to Continue Medication				X	