

## **Supplementary material 1: Case Report Form (CRO)**

### **DATA COLLECTION FORM (CRF)**

Date of Completion: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Center: \_\_\_\_\_

Availability of Pain Therapy Service at the Center (Yes / No): \_\_\_\_\_

Name and Surname of the Data Collector: \_\_\_\_\_

Patient Numeric Code: \_\_\_\_\_ Initials, Name, and Surname of Patient: \_\_\_\_\_

Sex: ☐ M ☐ F Age: \_\_\_\_\_

### **EVALUATION:**

- ☐ First Visit
- ☐ During Treatment
- ☐ End of treatment

### **PURPOSE OF TREATMENT:**

- ☐ Curative
- ☐ Palliative

### **ECOG PS:**

- ☐ = 0
- ☐ = 1
- ☐ = 2
- ☐ = 3
- ☐ = 4

PRIMARY TUMOR: \_\_\_\_\_

01	BREAST
02	PROSTATE
03	RECTUM
04	UTERUS/CERVIX
05	LUNG
06	HEAD AND NECK
07	LYMPHOMA
08	STOMACH
09	SKIN
10	PANCREAS/BILE DUCTS
11	SEMINOMA
12	SARCOMA
13	ANAL CANAL
14	BLADDER
15	ESOPHAGUS
16	MENINGIOMA
17	MESOTHELIOMA
18	OTHER

**STAGE:**

☐ Non-metastatic

☐ Metastatic

**PAIN:**

☐ Neoplastic (clearly caused by cancer)

☐ Non-neoplastic (clearly caused by other conditions/diseases, e.g., mucositis, osteoarthritis, etc.)

☐ Mixed (caused by a combination of the above)

**PAIN SEVERITY:**

- ☐ No (VAS/NRS: 0)
- ☐ Mild (VAS/NRS: 1-4)
- ☐ Moderate (VAS/NRS: 5-6)
- ☐ Severe (VAS/NRS: 7-10)

**TREATMENT:**

- ☐ No medication
- ☐ Non-opioids
- ☐ Weak opioids
- ☐ Strong opioids

*\* In cases where multiple categories of drugs are administered simultaneously, the most potent category should be indicated.*