

	Participant ID: _____	Pin # _____
	Discovery Site: _____	Clinical Center _____
	CRF Date: ___/___/_____	Visit #: _____

PAIN DETECT for Pelvic Pain

Participant completes via Online Survey at Weeks 1, 2, & 3 Run-In Contacts.

Please answer the questions below about your pelvic pain.

1. How would you assess your pelvic pain **now**, at this moment?

None											Max	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	0	1	2	3	4	5	6	7	8	9	10	

2. How strong was the **strongest** pelvic pain during the **past week**?

None											Max	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	0	1	2	3	4	5	6	7	8	9	10	

3. How strong was the pelvic pain during the **past week on average**?

None											Max	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	0	1	2	3	4	5	6	7	8	9	10	

4. Mark the picture that best describes the course of your pelvic pain:



Persistent pain with slight fluctuations 1



Persistent pain with pain attacks 2



Pain attacks without pain between them 3



Pain attacks with pain between them 4

5. Does your pain radiate to other regions of your body? 1 Yes 0 No

6. Do you suffer from a burning sensation (e.g., stinging nettles) in the areas where you feel pelvic pain?

<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Never	Hardly noticed	Slightly	Moderately	Strongly	Very Strongly



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7. **Do you have a tingling or prickling sensation in the area of your pelvic pain (like crawling ants or electrical tingling)?**

- 0 Never 1 Hardly noticed 2 Slightly 3 Moderately 4 Strongly 5 Very Strongly

8. **Is light touching (clothing, a blanket) in your pelvic area painful?**

- 0 Never 1 Hardly noticed 2 Slightly 3 Moderately 4 Strongly 5 Very Strongly

9. **Do you have sudden pain attacks in your pelvic area, like electric shocks?**

- 0 Never 1 Hardly noticed 2 Slightly 3 Moderately 4 Strongly 5 Very Strongly

10. **Is cold or heat (bath water) in your pelvic area occasionally painful?**

- 0 Never 1 Hardly noticed 2 Slightly 3 Moderately 4 Strongly 5 Very Strongly

11. **Do you suffer from a sensation of numbness in your pelvic area?**

- 0 Never 1 Hardly noticed 2 Slightly 3 Moderately 4 Strongly 5 Very Strongly

12. **Does slight pressure in your pelvic area, e.g., with a finger, trigger pain?**

- 0 Never 1 Hardly noticed 2 Slightly 3 Moderately 4 Strongly 5 Very Strongly