Participant ID:	__ __ __ __ __ __	**Pin #**	__ __ __ __
Discovery Site:	__ __	**Clinical Center**	__ __
CRF Date:	__ __/__ __/__ __ __ __	**Visit #:**	__ __

PAIN *DETECT* for Pelvic Pain

Participant completes via Online Survey at
Screening Week 0, Baseline Week 4, and ***ALL*** Clinic and Online Follow-up Contacts.

Please answer the questions below about your ***pelvic pain***.

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

None ... **Max**

❑ 0 ❑ 1 ❑ 2 ❑ 3 ❑ 4 ❑ 5 ❑ 6 ❑ 7 ❑ 8 ❑ 9 ❑ 10

2. How strong was the **strongest** pelvic pain during the past 4 weeks?

None ... **Max**

❑ 0 ❑ 1 ❑ 2 ❑ 3 ❑ 4 ❑ 5 ❑ 6 ❑ 7 ❑ 8 ❑ 9 ❑ 10

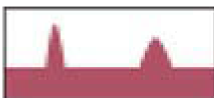
3. How strong was the pelvic pain during the past 4 weeks **on average**?

None ... **Max**

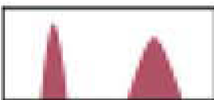
❑ 0 ❑ 1 ❑ 2 ❑ 3 ❑ 4 ❑ 5 ❑ 6 ❑ 7 ❑ 8 ❑ 9 ❑ 10

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

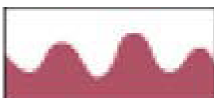
Persistent pain with slight fluctuations ❑1



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?**

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

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PAIN *DETECT* for Pelvic Pain

Participant completes via Online Survey at
Screening Week 0, Baseline Week 4, and ***ALL*** Clinic and Online Follow-up Contacts.

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

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

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

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

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

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

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

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

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

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

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

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