



TOMUS

F308

# BASELINE PAIN QUESTIONNAIRE

**Instructions:** Please use a pen to complete this Questionnaire today, before we conduct your exam.

We want to know if you have had any pain in the last 24 hours. Before you complete this questionnaire, think about what time it is now. Then think back over the last 24 hours. This is the very specific 24-hour time period we are interested in.

There are 3 parts to the Pain Questionnaire. Read the instructions for each section carefully before you complete that section. If you have questions, ask the Research Nurse.

**F308, version 03/27/06 (A)**  
Section A: General Study Information for Office Use Only

A1.  ID#: Label

A2. Visit # Baseline..... TBAS

A3. Date Patient Completed: \_\_\_/\_\_\_/\_\_\_  
Month Day Year

A4. Interviewer's ID: \_\_\_\_\_

A5. Date Coded: \_\_\_/\_\_\_/\_\_\_  
Month Day Year

A6. Coder's ID: \_\_\_\_\_

A7. Form Version: English..... 1  
Spanish ..... 2

A8. Is this a repeat measure? Yes ..... 1  
No..... 2

FORM LANG	Frequency	Percent	Cum Freq	Cum Percent
1	594	99.50	594	99.50
2	3	0.50	597	100.00

REPEAT MEAS	Frequency	Percent	Cum Freq	Cum Percent
1	30	5.03	30	5.03
2	567	94.97	597	100.00

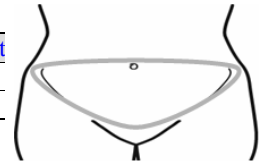
**Body Maps:** Questions in this section ask about pain you might have had in 7 different body areas. There is a picture (body map) for most of these areas in the boxes below to help you understand the specific areas we are asking you about. Read each question and tell us if you had pain in that area in the last 24 hours.

**B1.** Have you had **lower abdominal pain** in the last 24 hours?

Yes ..... 1 ↓ **COMPLETE B1a & B1b.**

No..... 2 → **SKIP TO B2**

AB_PAIN	Frequency	Percent	Cum Freq	Cum Percent
1	114	19.10	114	19.10
2	483	80.90	597	100.00



B1a. If yes, mark an “X” on the picture at the location of the pain. →

B1b. Rate the intensity of the **lower abdominal pain** by marking a vertical line through the pain scale below.

*No Pain  
Sensation*

*Most Intense Pain  
Sensation Imaginable*

AB_PAIN_A	Frequency	Percent	Cum Freq	Cum Percent
-2	483	80.90	483	80.90
1	101	16.92	584	97.82
2	12	2.01	596	99.83
3	1	0.17	597	100.00

Analysis Variable : AB_PAIN_B								
N	Miss	Mean	SD	Minimum	Lower Quartile	Median	Upper Quartile	Maximum
114	0	53.4	28.3	4.0	33.0	48.5	73.0	134.0

AB_PAIN_B	Frequency	Percent	Cum Freq	Cum Percent
-2	483	100.00	483	100.00

**B2.** Have you had **inner thigh pain** in the last 24 hours?

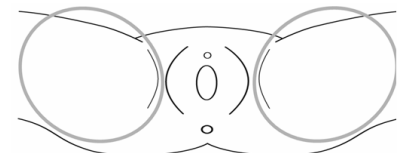
Yes ..... 1 ↓ **COMPLETE B2a & B2b.**

No..... 2 → **SKIP TO B3**

THIGH_PAIN	Frequency	Percent	Cum Freq	Cum Percent
1	15	2.51	15	2.51
2	582	97.49	597	100.00

B2a. If yes, mark an “X” on the picture at the location of the pain. →

B2b. Rate the intensity of the **inner thigh pain** by marking a vertical line through the pain scale below.



*No Pain  
Sensation*

*Most Intense Pain  
Sensation Imaginable*

THIGH_PAIN_A	Frequency	Percent	Cum Freq	Cum Percent
-2	582	97.49	582	97.49
1	12	2.01	594	99.50
2	1	0.17	595	99.66
3	2	0.34	597	100.00

Analysis Variable : THIGH_PAIN_B								
N	N Miss	Mean	SD	Minimum	Lower Quartile	Median	Upper Quartile	Maximum
15	0	54.1	31.6	10.0	30.0	43.0	81.0	116.0

THIGH_PAIN_B	Frequency	Percent	Cum Freq	Cum Percent
-2	582	100.00	582	100.00

**B3.** Have you had **pain inside your vagina** in the last 24 hours?

Yes ..... 1 **↓ COMPLETE B3b.**

No ..... 2 **→ SKIP TO B4**

VAG_PAIN	Frequency	Percent	Cum Freq	Cum Percent
1	38	6.37	38	6.37
2	559	93.63	597	100.00

B3b. Rate the intensity of the **pain inside your vagina** by marking a vertical line through the pain scale below.

*No Pain  
Sensation*

*Most Intense Pain  
Sensation Imaginable*

Analysis Variable : VAG_PAIN_B								
N	N Miss	Mean	SD	Minimum	Lower Quartile	Median	Upper Quartile	Maximum
38	0	53.1	34.4	6.0	27.0	46.5	85.0	125.0

VAG_PAIN_B	Frequency	Percent	Cum Freq	Cum Percent
-2	559	100.00	559	100.00

**B4.** Have you had pain in the area **outside your vagina but inside the thigh crease** in the last 24 hours?

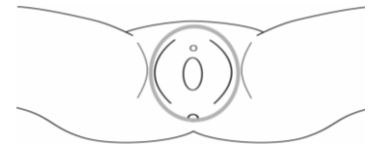
Yes ..... 1 **↓** COMPLETE B4a & B4b.

No..... 2 **→** SKIP TO B5

GROIN_PAIN	Frequency	Percent	Cum Freq	Cum Percent
1	27	4.52	27	4.52
2	570	95.48	597	100.00

B4a. If yes, mark an “X” on the picture at location of the pain. **→**

B4b. Rate the intensity of the pain **outside your vagina but inside the thigh crease** by marking a vertical line through the pain scale below



No Pain Sensation

Most Intense Pain Sensation Imaginable

GROIN_PAIN_A	Frequency	Percent	Cum Freq	Cum Percent
-9	1	0.17	1	0.17
-2	570	95.48	571	95.64
1	18	3.02	589	98.66
2	4	0.67	593	99.33
3	4	0.67	597	100.00

Analysis Variable : GROIN_PAIN_B									
N	N Miss	Mean	SD	Minimum	Lower Quartile	Median	Upper Quartile	Maximum	
27	0	50.9	29.4	11.0	28.0	40.0	77.0	112.0	

GROIN_PAIN_B	Frequency	Percent	Cum Freq	Cum Percent
-2	570	100.00	570	100.00

**B5.** Have you had **lower back pain** in the last 24 hours?

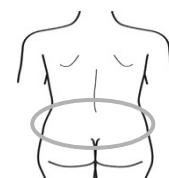
Yes ..... 1 **↓** COMPLETE B5a & B5b.

No..... 2 **→** SKIP TO B6

BACK_PAIN	Frequency	Percent	Cum Freq	Cum Percent
1	259	43.38	259	43.38
2	338	56.62	597	100.00

B5a. If yes, mark an “X” on the picture at the location of the pain. **→**

B5b. Rate the intensity of the **lower back pain** by marking a vertical line through the pain scale below.



No Pain Sensation

Most Intense Pain Sensation Imaginable

BACK_PAIN_A	Frequency	Percent	Cum Freq	Cum Percent
-9	2	0.34	2	0.34
-2	338	56.62	340	56.95
1	248	41.54	588	98.49
2	8	1.34	596	99.83
3	1	0.17	597	100.00

Analysis Variable : BACK_PAIN_B								
N	N Miss	Mean	SD	Minimum	Lower Quartile	Median	Upper Quartile	Maximum
259	0	58.4	33.9	2.0	32.0	51.0	82.0	150.0

BACK_PAIN_B	Frequency	Percent	Cum Freq	Cum Percent
-2	338	100.00	338	100.00

**B6.** Have you had **front leg pain** in the last 24 hours?

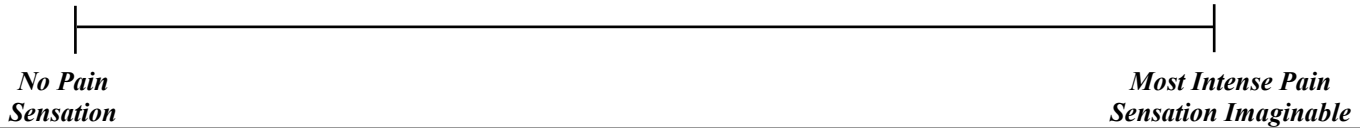
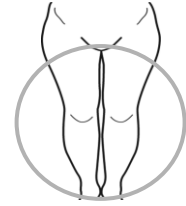
Yes ..... 1 **↓ COMPLETE B6a & B6b.**

No..... 2 **→ SKIP TO B7**

FLEG_PAIN	Frequency	Percent	Cum Freq	Cum Percent
1	110	18.43	110	18.43
2	487	81.57	597	100.00

B6a. If yes, mark an “X” on the picture at the location of the pain. →

B6b. Rate the intensity of the **front leg pain** by marking a vertical line through the pain scale below.



FLEG_PAIN_A	Frequency	Percent	Cum Freq	Cum Percent
-2	487	81.57	487	81.57
1	108	18.09	595	99.66
2	2	0.34	597	100.00

Analysis Variable : FLEG_PAIN_B								
N	N Miss	Mean	SD	Minimum	Lower Quartile	Median	Upper Quartile	Maximum
109	0	55.5	34.4	1.0	27.0	47.0	75.0	149.0

FLEG_PAIN_B	Frequency	Percent	Cum Freq	Cum Percent
-9	1	0.20	1	0.20
-2	487	99.80	488	100.00

**B7.** Have you had any pain in the **back of your legs or buttocks** in the last 24 hours?

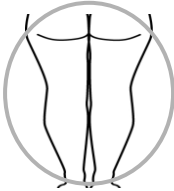
Yes ..... 1 **↓ COMPLETE B7a & B7b.**

No..... 2 **→ SKIP TO C1**

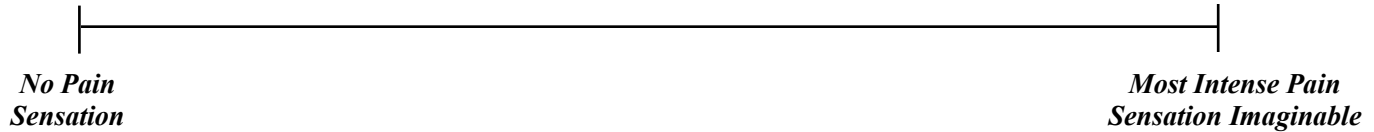
BLEG_PAIN	Frequency	Percent	Cum Freq	Cum Percent
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1	93	15.58	93	15.58
2	504	84.42	597	100.00

B7a. If yes, mark an “X” on the picture at the location of the pain. →



B7b. Rate the intensity of the **pain in the back of your legs or buttocks** by marking a vertical line through the pain scale below.



BLEG_PAIN_A	Frequency	Percent	Cum Freq	Cum Percent
-9	1	0.17	1	0.17
-2	504	84.42	505	84.59
1	88	14.74	593	99.33
2	4	0.67	597	100.00

Analysis Variable : BLEG_PAIN_B									
N	N Miss	Mean	SD	Minimum	Lower Quartile	Median	Upper Quartile	Maximum	
93	0	54.0	34.1	2.0	27.0	48.0	73.0	150.0	

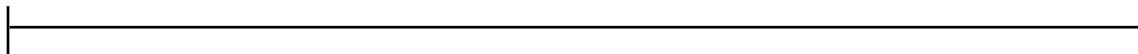
BLEG_PAIN_B	Frequency	Percent	Cum Freq	Cum Percent
-2	504	100.00	504	100.00

## General Pain Scale:

Next, we want to know how much pain or discomfort you've had for any reason within the last 24 hours.

Draw a vertical line through each pain scale below to indicate the amount of pain or discomfort you experienced for any reason. For instance, if you did not have much pain today you would mark a vertical line through the pain scale towards the left, nearer to the **No Pain Sensation** end of the pain scale. If you had a lot of pain today, you would mark a vertical line through the pain scale toward the right, nearer to the **Most Intense Pain Sensation Imaginable** end of the pain scale.

C1. How much pain did you have when you were at rest?

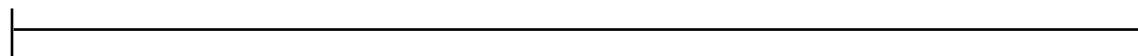


Analysis Variable : AT REST								
N	N Miss	Mean	SD	Minimum	Lower Quartile	Median	Upper Quartile	Maximum
597	0	17.6	30.1	0.0	0.0	1.0	27.0	139.0

*No Pain Sensation*

*Most Intense Pain Sensation Imaginable*

C2. How much pain did you have during your daily activities?  
(For example, walking, climbing stairs, driving a car, getting up from a chair?)



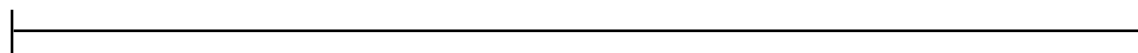
Analysis Variable : DAILY_ACT								
N	N Miss	Mean	SD	Minimum	Lower Quartile	Median	Upper Quartile	Maximum
597	0	28.2	37.2	0.0	0.0	9.0	46.0	148.0

*No Pain Sensation*

*Most Intense Pain Sensation Imaginable*

C3. How much pain did you have when you were having sex, exercising, doing strenuous work, or lifting objects you used to be able to lift comfortably?

*I have not done any of these activities in the last 24 hours.*



*No Pain Sensation*

*Most Intense Pain Sensation Imaginable*

## Use of Pain Medication:

We also want to know about any pain medicines you took in the last 24 hours. We want to know about both prescribed **and** over-the-counter pain medicines.

**D1.** Did you use any pain medicines in the last 24 hours?

Yes .....1 ↓

No.....2 →GO TO END.

PAIN MED	Frequency	Percent	Cum Freq	Cum Percent
1	224	37.52	224	37.52
2	373	62.48	597	100.00

**D2.** Please complete the table below.

The Research Nurse can help you complete the medicine list.

<i>A</i>	<i>B</i>	<i>C</i>	<i>D</i>
<i>Name of Pain Medicine</i>	<i>Dose of each pill/capsule</i>	<i>Total # of pills /capsules in last 24 hours</i>	<i>For what pain</i>
<i>Example: Extra strength Tylenol</i>	<i>500mg</i>	<i>6</i>	<i>Headache</i>
1			
2			
3			

**Thank you for completing the Pain Questionnaire**