



F318, version 03/27/06_rev051706 (A)
 Section A: General Study Information for Office Use Only

A1. ID#: Label

A2. Visit # TF2W 2 Week Visit
 TF6W 6 Week Visit

VISIT	Frequency	Percent	Cum Freq	Cum Percent
TF2W	578	82.45	578	82.45
TF6W	123	17.55	701	100.00

A3. Interviewer ID: _____

A4. Date Distributed: ____/____/____
 Month Day Year

A5. Coder ID: _____

A6. Date Coded: ____/____/____
 Month Day Year

A7. Number of Diary Days recorded herein: _____

Analysis Variable : NUM_DAYS									
N	Miss	Mean	SD	Minimum	Lower Quartile	Median	Upper Quartile	Maximum	
701	0	14.0	2.2	1.0	14.0	15.0	15.0	15.0	

A8. Form Version English..... 1 Spanish 2

FORM_LANG	Frequency	Percent	Cum Freq	Cum Percent
1	699	99.71	699	99.71
2	2	0.29	701	100.00

Instructions: If you have any pain that you believe is due to your incontinence operation, we want to know about it.

We are asking all women who participate in the TOMUS study to complete the Pain Diary every day for 2 weeks after surgery starting with the evening of surgery.

Please use a pen to complete this Pain Diary at the end of each day prior to bedtime.

For the Daily Pain Diary, we want you to keep a record of only that pain you believe is due to your incontinence operation.

If for some reason you miss keeping the diary at the end of the day, please do not complete it the next morning. For missed days, draw a line through the 1st page for that day, and then, just pick up where you should for the next day.

If you have any questions, call me....

Name

Number

Day 1 DATE: ___ / ___ / _____ TIME: ___:___ ^{AM}/_{PM} DAY: M T W TH F S Su

Analysis Variable : Day1_date								
N	N Miss	Mean	SD	Minimum	Lower Quartile	Median	Upper Quartile	Maximum
700	0	3.1	6.3	0.0	0.0	0.0	1.0	45.0

Day1_date	Frequency	Percent	Cum Freq	Cum Percent
.	1	100.00	1	100.00

RANGE	DAY1_TIMEA
MIN (for non-missing dates)	01:00
MAX	12:30

n_obs
650

DAY1_TIMEB	Frequency	Percent	Cum Freq	Cum Percent
.	50	.	.	.
Am	58	8.91	58	8.91
Pm	593	91.09	651	100.00

Frequency Missing = 50

DAY1_DAY	Frequency	Percent	Cum Freq	Cum Percent
.	4	.	.	.
1	137	19.66	137	19.66
2	144	20.66	281	40.32
3	168	24.10	449	64.42
4	100	14.35	549	78.77
5	118	16.93	667	95.70
6	26	3.73	693	99.43
7	4	0.57	697	100.00

Frequency Missing = 4

B0. Think back to this time yesterday. Have you had any pain within the last 24 hours as a result of your incontinence operation?

Yes..... 1 ↓ **Complete the Diary today** ↓ No..... 2 → **You're done for today**

DY1_ANY_PAIN	Frequency	Percent	Cum Freq	Cum Percent
.	4	.	.	.
0 NO	48	6.89	48	6.89
1 Yes	649	93.11	697	100.00

Frequency Missing = 4

B1. Have you had **lower abdominal pain** in the last 24 hours because of your incontinence operation?

Yes1 ↓ **COMPLETE B1a & B1b** No..... 2 → **SKIP TO B2**



ab_pnl	Frequency	Percent	Cum Freq	Cum Percent
.	9	.	.	.
0: no pain	300	43.35	300	43.35
1: Yes	392	56.65	692	100.00

Frequency Missing = 9



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

DY1_AB_A	Frequency	Percent	Cum Freq	Cum Percent
.	293	.	.	.
1: Within circle	301	73.77	301	73.77
2: Within/out of circle	78	19.12	379	92.89
3: Out of circle	29	7.11	408	100.00

Frequency Missing = 293



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

Analysis Variable : ab_int1								
N	Miss	Mean	SD	Minimum	Lower Quartile	Median	Upper Quartile	Maximum
687	0	36.9	44.0	0.0	0.0	13.0	73.0	150.0

ab_int1	Frequency	Percent	Cum Freq	Cum Percent
.	14	100.00	14	100.00

*No Pain
Sensation*

*Most Intense Pain
Sensation Imaginable*

B2. Have you had **inner thigh pain** in the last 24 hours because of your incontinence operation?

Yes1 ↓ **COMPLETE B2a & B2b**

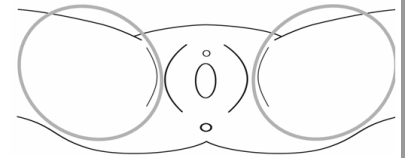
No..... 2 → **SKIP TO B3**

thigh_pnl	Frequency	Percent	Cum Freq	Cum Percent
.	10	.	.	.
0: no pain	405	58.61	405	58.61
1: Yes	286	41.39	691	100.00

Frequency Missing = 10



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



DY1_THIGH A	Frequency	Percent	Cum Freq	Cum Percent
.	409	.	.	.
1: Within circle	220	75.34	220	75.34
2: Within/out of circle	59	20.21	279	95.55
3: Out of circle	13	4.45	292	100.00

Frequency Missing = 409



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

Analysis Variable : thigh_int1									
N	Miss	Mean	SD	Minimum	Lower Quartile	Median	Upper Quartile	Maximum	
689	0	30.4	45.7	0.0	0.0	0.0	55.0	150.0	

thigh_int1	Frequency	Percent	Cum Freq	Cum Percent
.	12	100.00	12	100.00

No Pain
Sensation

Most Intense Pain
Sensation Imaginable

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

Yes1 ↓ COMPLETE B3b

No..... 2 → SKIP TO B4

vag_pn1	Frequency	Percent	Cum Freq	Cum Percent
.	9	.	.	.
0: no pain	379	54.77	379	54.77
1: Yes	313	45.23	692	100.00

Frequency Missing = 9



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

Analysis Variable : vag_int1									
N	Miss	Mean	SD	Minimum	Lower Quartile	Median	Upper Quartile	Maximum	
691	0	27.1	39.2	0.0	0.0	0.0	49.0	150.0	

vag_int1	Frequency	Percent	Cum Freq	Cum Percent
.	10	100.00	10	100.00

No Pain
Sensation

Most Intense Pain
Sensation Imaginable

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

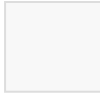
because of your incontinence operation?

Yes1 ↓ **COMPLETE B4a & B4b**

No..... 2 → **SKIP TO C1**

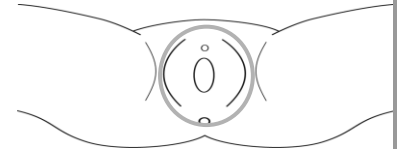
groin_pn1	Frequency	Percent	Cum Freq	Cum Percent
.	9	.	.	.
0: no pain	470	67.92	470	67.92
1: Yes	222	32.08	692	100.00

Frequency Missing = 9



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

DY1_GROIN_A	Frequency	Percent	Cum Freq	Cum Percent
.	439	.	.	.
1: Within circle	146	55.73	146	55.73
2: Within/out of circle	64	24.43	210	80.15
3: Out of circle	52	19.85	262	100.00

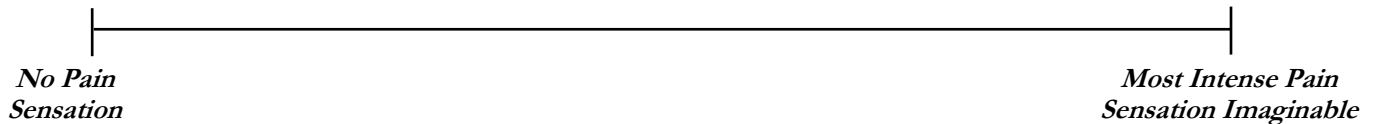


Frequency Missing = 439

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.

Analysis Variable : groin_int1								
N	Miss	Mean	SD	Minimum	Lower Quartile	Median	Upper Quartile	Maximum
91	0	21.1	38.7	0.0	0.0	0.0	25.0	150.0

groin_int1	Frequency	Percent	Cum Freq	Cum Percent
.	10	100.00	10	100.00



Analysis Variable : wstpnt_intl									
N	Miss	Mean	SD	Minimum	Lower Quartile	Median	Upper Quartile	Maximum	
681	0	66.6	49.8	0.0	16.0	69.0	114.0	150.0	

wstpnt_intl	Frequency	Percent	Cum Freq	Cum Percent
.	20	100.00	20	100.00

Use of Pain Medication: Please write down any prescribed and over-the-counter pain medicines you took in the last 24 hours for pain you believe is due to your incontinence operation.

D1. Did you use pain medicines in the last 24 hours for pain due to your incontinence operation?

Yes..... 1 **↓ COMPLETE THE TABLE BELOW**

No2 **→YOU'RE DONE FOR TODAY**

DY1 PN MED	Frequency	Percent	Cum Freq	Cum Percent
.	53	.	.	.
1	559	86.27	559	86.27
2	89	13.73	648	100.00

Frequency Missing = 53

D2.	A	B	C	D
	<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: Tylenol 3</i>	<i>500mg</i>	<i>3</i>	<i>Headache</i>

YOU'RE DONE FOR TODAY

Day 2 DATE: ___ / ___ / _____ TIME: ___:___ ^{AM}/_{PM} DAY: M T W TH F S Su

Analysis Variable : Day2_date									
N	Miss	Mean	SD	Minimum	Lower Quartile	Median	Upper Quartile	Maximum	
700	0	4.1	6.4	1.0	1.0	1.0	2.0	46.0	

Day2_date	Frequency	Percent	Cum Freq	Cum Percent
.	1	100.00	1	100.00

RANGE	DAY2_TIMEA
MIN (for non-missing dates)	01:00
MAX	12:30

n_obs
647

DAY2_TIMEB	Frequency	Percent	Cum Freq	Cum Percent
.	57	.	.	.
1: Am	75	11.65	75	11.65
2: Pm	569	88.35	644	100.00

Frequency Missing = 57

DAY2_DAY	Frequency	Percent	Cum Freq	Cum Percent
.	6	.	.	.
1	3	0.43	3	0.43
2	137	19.71	140	20.14
3	143	20.58	283	40.72
4	167	24.03	450	64.75
5	99	14.24	549	78.99
6	120	17.27	669	96.26
7	26	3.74	695	100.00

Frequency Missing = 6

B0. Think back to this time yesterday. Have you had any pain within the last 24 hours as a result of your incontinence operation?

Yes..... 1 ↓ **Complete the Diary today** ↓ No 2 → **You're done for today**

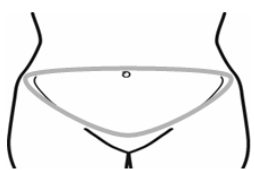
DY2 ANY PAIN	Frequency	Percent	Cum Freq	Cum Percent
.	4	.	.	.
0: NO	74	10.62	74	10.62
1: Yes	623	89.38	697	100.00

Frequency Missing = 4

B1. Have you had **lower abdominal pain** in the last 24 hours because of your incontinence operation?

Yes1 ↓ **COMPLETE B1a & B1b** No 2 → **SKIP TO B2**

ab_pn2	Frequency	Percent	Cum Freq	Cum Percent
y				



.	8	.	.	.
0: no pain	313	45.17	313	45.17
1: Yes	380	54.83	693	100.00

Frequency Missing = 8



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

DY2_AB_A	Frequency	Percent	Cum Freq	Cum Percent
.	305	.	.	.
1: Within circle	272	68.69	272	68.69
2: Within/out of circle	95	23.99	367	92.68
3: Out of circle	29	7.32	396	100.00

Frequency Missing = 305



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

Analysis Variable : ab_int2								
N	Miss	Mean	SD	Minimum	Lower Quartile	Median	Upper Quartile	Maximum
689	0	31.6	41.0	0.0	0.0	8.0	57.0	150.0

ab_int2	Frequency	Percent	Cum Freq	Cum Percent
.	12	100.00	12	100.00

*No Pain
Sensation*

*Most Intense Pain
Sensation Imaginable*

B2. Have you had **inner thigh pain** in the last 24 hours because of your incontinence operation?

Yes1 ↓ **COMPLETE B2a & B2b**

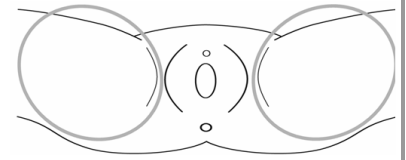
No..... 2 → **SKIP TO B3**

thigh_pn2	Frequency	Percent	Cum Freq	Cum Percent
.	9	.	.	.
0: no pain	409	59.10	409	59.10
1: Yes	283	40.90	692	100.00

Frequency Missing = 9



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



DY2_THIGH_A	Frequency	Percent	Cum Freq	Cum Percent
.	411	.	.	.
1: Within circle	204	70.34	204	70.34
2: Within/out of circle	69	23.79	273	94.14
3: Out of circle	17	5.86	290	100.00

Frequency Missing = 411

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

Analysis Variable : thigh_int2								
N	Miss	Mean	SD	Minimum	Lower Quartile	Median	Upper Quartile	Maximum
688	0	23.4	37.1	0.0	0.0	0.0	40.5	150.0

thigh_int2	Frequency	Percent	Cum Freq	Cum Percent
.	13	100.00	13	100.00

No Pain Sensation

Most Intense Pain Sensation Imaginable

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

Yes1 ↓ **COMPLETE B3b**

No..... 2 → **SKIP TO B4**

vag_pn2	Frequency	Percent	Cum Freq	Cum Percent
.	9	.	.	.
0: no pain	401	57.95	401	57.95
1: Yes	291	42.05	692	100.00

Frequency Missing = 9

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

Analysis Variable : vag_int2								
N	Miss	Mean	SD	Minimum	Lower Quartile	Median	Upper Quartile	Maximum
692	0	20.8	33.8	0.0	0.0	0.0	33.0	145.0

vag_int2	Frequency	Percent	Cum Freq	Cum Percent
.	9	100.00	9	100.00

No Pain Sensation

Most Intense Pain Sensation Imaginable

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

Yes1 **↓ COMPLETE B4a & B4b**

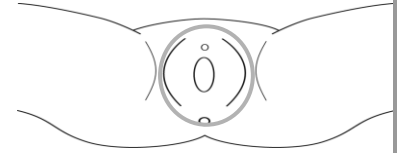
No..... 2 **→ SKIP To C1**

groin_pn2	Frequency	Percent	Cum Freq	Cum Percent
.	10	.	.	.
0: no pain	462	66.86	462	66.86
1: Yes	229	33.14	691	100.00

Frequency Missing = 10



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



DY2_GROIN_A	Frequency	Percent	Cum Freq	Cum Percent
.	435	.	.	.
1: Within circle	135	50.75	135	50.75
2: Within/out of circle	80	30.08	215	80.83
3: Out of circle	51	19.17	266	100.00

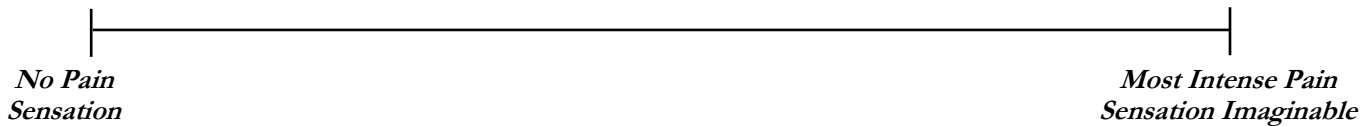


Frequency Missing = 435

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.

Analysis Variable : groin_int2								
N	Miss	Mean	SD	Minimum	Lower Quartile	Median	Upper Quartile	Maximum
688	0	18.2	33.7	0.0	0.0	0.0	23.0	150.0

groin_int2	Frequency	Percent	Cum Freq	Cum Percent
.	13	100.00	13	100.00



Analysis Variable : wstpn_int2									
N	Miss	Mean	SD	Minimum	Lower Quartile	Median	Upper Quartile	Maximum	
689	0	53.2	45.5	0.0	9.0	44.0	91.0	150.0	

wstpn_int2	Frequency	Percent	Cum Freq	Cum Percent
.	12	100.00	12	100.00

Use of Pain Medication: Please write down any prescribed and over-the-counter pain medicines you took in the last 24 hours for pain you believe is due to your incontinence operation.

D1. Did you use pain medicines in the last 24 hours for pain due to your incontinence operation?

Yes..... 1 **↓ COMPLETE THE TABLE BELOW**

No2 **→YOU'RE DONE FOR TODAY**

DY2 PN MED	Frequency	Percent	Cum Freq	Cum Percent
.	79	.	.	.
1	517	83.12	517	83.12
2	105	16.88	622	100.00

Frequency Missing = 79

D2.	A	B	C	D
	<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: Tylenol 3</i>	<i>500mg</i>	<i>3</i>	<i>Headache</i>

YOU'RE DONE FOR TODAY

Analysis Variable : Day3_date									
N	Miss	Mean	SD	Minimum	Lower Quartile	Median	Upper Quartile	Maximum	
697	0	5.0	6.3	2.0	2.0	2.0	3.0	47.0	

Day3_date	Frequency	Percent	Cum Freq	Cum Percent
.	4	100.00	4	100.00

RANGE	DAY3_TIMEA
MIN (for non-missing dates)	01:00
MAX	12:35

n_obs
632

DAY3_TIMEB	Frequency	Percent	Cum Freq	Cum Percent
.	71	.	.	.
1: Am	74	11.75	74	11.75
2: Pm	556	88.25	630	100.00

Frequency Missing = 71

DAY3_DAY	Frequency	Percent	Cum Freq	Cum Percent
.	8	.	.	.
1	27	3.90	27	3.90
2	3	0.43	30	4.33
3	135	19.48	165	23.81
4	143	20.63	308	44.44
5	168	24.24	476	68.69
6	98	14.14	574	82.83
7	119	17.17	693	100.00

Frequency Missing = 8

B0. Think back to this time yesterday. Have you had any pain within the last 24 hours as a result of your incontinence operation?

Yes..... 1 ↓ **Complete the Diary today** ↓ No 2 → **You're done for today**

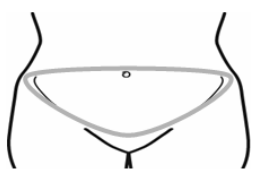
DY3 ANY PAIN	Frequency	Percent	Cum Freq	Cum Percent
.	5	.	.	.
0 NO	117	16.81	117	16.81
1 Yes	579	83.19	696	100.00

Frequency Missing = 5

B1. Have you had **lower abdominal pain** in the last 24 hours because of your incontinence operation?

Yes1 ↓ **COMPLETE B1a & B1b** No..... 2 → **SKIP TO B2**

ab_pn3	Frequency	Percent	Cum Freq	Cum Percent
.	9	.	.	.



0: no pain	334	48.27	334	48.27
1: Yes	358	51.73	692	100.00

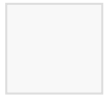
Frequency Missing = 9



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

DY3 AB A	Frequency	Percent	Cum Freq	Cum Percent
.	340	.	.	.
1: Within circle	260	72.02	260	72.02
2: Within/out of circle	83	22.99	343	95.01
3: Out of circle	18	4.99	361	100.00

Frequency Missing = 340



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

Analysis Variable : ab_int3								
N	Miss	Mean	SD	Minimum	Lower Quartile	Median	Upper Quartile	Maximum
677	0	24.3	34.8	0.0	0.0	3.0	40.0	149.0

ab_int3	Frequency	Percent	Cum Freq	Cum Percent
.	24	100.00	24	100.00

*No Pain
Sensation*

*Most Intense Pain
Sensation Imaginable*

B2. Have you had **inner thigh pain** in the last 24 hours because of your incontinence operation?

Yes1 ↓ **COMPLETE B2a & B2b**

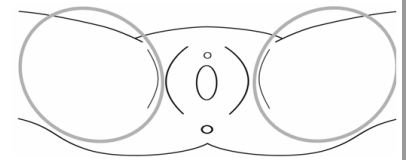
No..... 2 → **SKIP TO B3**

thigh_pn3	Frequency	Percent	Cum Freq	Cum Percent
.	9	.	.	.
0:no pain	427	61.71	427	61.71
1: Yes	265	38.29	692	100.00

Frequency Missing = 9



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



DY3_THIGH_A	Frequency	Percent	Cum Freq	Cum Percent
.	436	.	.	.
1: Within circle	184	69.43	184	69.43
2: Within/out of circle	73	27.55	257	96.98
3: Out of circle	8	3.02	265	100.00

Frequency Missing = 436



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

Analysis Variable : thigh_int3								
N	Miss	Mean	SD	Minimum	Lower Quartile	Median	Upper Quartile	Maximum
685	0	16.9	30.1	0.0	0.0	0.0	22.0	138.0

thigh_int3	Frequency	Percent	Cum Freq	Cum Percent
.	16	100.00	16	100.00



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

Yes1 ↓ COMPLETE B3b

No..... 2 → SKIP TO B4

vag_pn3	Frequency	Percent	Cum Freq	Cum Percent
.	10	.	.	.
0: no pain	450	65.12	450	65.12
1: Yes	241	34.88	691	100.00

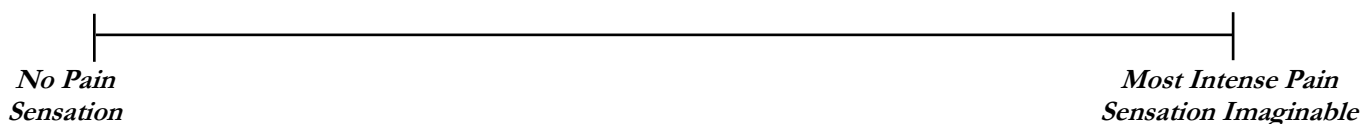
Frequency Missing = 10



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

Analysis Variable : vag_int3								
N	Miss	Mean	SD	Minimum	Lower Quartile	Median	Upper Quartile	Maximum
691	0	15.6	29.2	0.0	0.0	0.0	21.0	144.0

vag_int3	Frequency	Percent	Cum Freq	Cum Percent
.	10	100.00	10	100.00



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

Yes1 **↓ COMPLETE B4a & B4b**

No..... 2 **→ SKIP To C1**

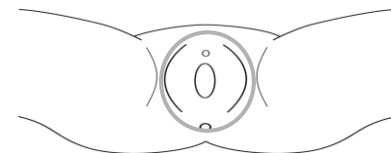
groin_pn3	Frequency	Percent	Cum Freq	Cum Percent
.	10	.	.	.
0: no pain	469	67.87	469	67.87
1: Yes	222	32.13	691	100.00

Frequency Missing = 10

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

DY3_GROIN_A	Frequency	Percent	Cum Freq	Cum Percent
.	446	.	.	.
1: Within circle	136	53.33	136	53.33
2: Within/out of circle	70	27.45	206	80.78
3: Out of circle	49	19.22	255	100.00

Frequency Missing = 446



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

Analysis Variable : groin_int3								
N	Miss	Mean	SD	Minimum	Lower Quartile	Median	Upper Quartile	Maximum
689	0	15.9	31.5	0.0	0.0	0.0	16.0	145.0

groin_int3	Frequency	Percent	Cum Freq	Cum Percent
.	12	100.00	12	100.00

*No Pain
Sensation*

*Most Intense Pain
Sensation Imaginable*

Analysis Variable : wstpnt_int3									
N	Miss	Mean	SD	Minimum	Lower Quartile	Median	Upper Quartile	Maximum	
687	0	39.1	40.7	0.0	3.0	26.0	66.0	150.0	

wstpnt_int3	Frequency	Percent	Cum Freq	Cum Percent
.	14	100.00	14	100.00

Use of Pain Medication: Please write down any prescribed and over-the-counter pain medicines you took in the last 24 hours for pain you believe is due to your incontinence operation.

D1. Did you use pain medicines in the last 24 hours for pain due to your incontinence operation?

Yes..... 1 **↓ COMPLETE THE TABLE BELOW**

No2 **→YOU'RE DONE FOR TODAY**

DY3 PN MED	Frequency	Percent	Cum Freq	Cum Percent
.	124	.	.	.
1	431	74.70	431	74.70
2	146	25.30	577	100.00

Frequency Missing = 124

D2.	A	B	C	D
	<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: Tylenol 3</i>	<i>500mg</i>	<i>3</i>	<i>Headache</i>

YOU'RE DONE FOR TODAY

Day4 DATE: ___ / ___ / _____ TIME: ___:___ ^{AM}/_{PM} DAY: M T W TH F S Su

Analysis Variable : Day4_date									
N	Miss	Mean	SD	Minimum	Lower Quartile	Median	Upper Quartile	Maximum	
694	0	6.0	6.3	3.0	3.0	3.0	4.0	48.0	

Day4_date	Frequency	Percent	Cum Freq	Cum Percent
.	7	100.00	7	100.00

RANGE	DAY4_TIMEA
MIN (for non-missing dates)	01:00
MAX	12:45

n_obs
615

DAY4_TIMEB	Frequency	Percent	Cum Freq	Cum Percent
.	88	.	.	.
1: Am	72	11.75	72	11.75
2: Pm	541	88.25	613	100.00

Frequency Missing = 88

DAY4_DAY	Frequency	Percent	Cum Freq	Cum Percent
.	11	.	.	.
1	119	17.25	119	17.25
2	27	3.91	146	21.16
3	3	0.43	149	21.59
4	134	19.42	283	41.01
5	144	20.87	427	61.88
6	167	24.20	594	86.09
7	96	13.91	690	100.00

Frequency Missing = 11

B0. Think back to this time yesterday. Have you had any pain within the last 24 hours as a result of your incontinence operation?

Yes..... 1 ↓ **Complete the Diary today** ↓ No 2 → **You're done for today**

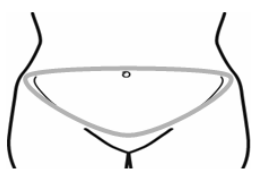
DY4_ANY_PAIN	Frequency	Percent	Cum Freq	Cum Percent
.	10	.	.	.
0 NO	167	24.17	167	24.17
1 Yes	524	75.83	691	100.00

Frequency Missing = 10

B1. Have you had **lower abdominal pain** in the last 24 hours because of your incontinence operation?

Yes1 ↓ **COMPLETE B1a & B1b** No..... 2 → **SKIP TO B2**

ab_pn4	Frequency	Percent	Cum Freq	Cum Percent
.	14	.	.	.



0: no pain	366	53.28	366	53.28
1	321	46.72	687	100.00

Frequency Missing = 14



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

DY4 AB A	Frequency	Percent	Cum Freq	Cum Percent
.	367	.	.	.
1: Within circle	251	75.15	251	75.15
2: Within/out of circle	63	18.86	314	94.01
3: Out of circle	20	5.99	334	100.00

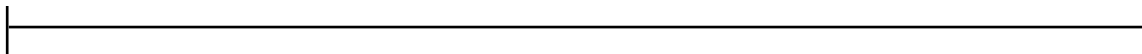
Frequency Missing = 367



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

Analysis Variable : ab_int4									
N	N Miss	Mean	SD	Minimum	Lower Quartile	Median	Upper Quartile	Maximum	
677	0	18.9	30.6	0.0	0.0	0.0	28.0	144.0	

ab_int4	Frequency	Percent	Cum Freq	Cum Percent
.	24	100.00	24	100.00



No Pain Sensation

Most Intense Pain Sensation Imaginable

B2. Have you had **inner thigh pain** in the last 24 hours because of your incontinence operation?

Yes1 ↓ **COMPLETE B2a & B2b**

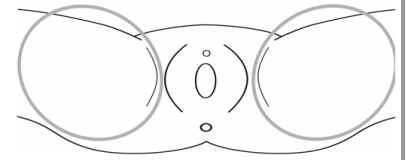
No..... 2 → **SKIP TO B3**

thigh pn4	Frequency	Percent	Cum Freq	Cum Percent
.	16	.	.	.
0: no pain	468	68.32	468	68.32
1: Yes	217	31.68	685	100.00

Frequency Missing = 16



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



DY4_THIGH_A	Frequency	Percent	Cum Freq	Cum Percent
.	480	.	.	.
1: Within circle	151	68.33	151	68.33
2: Within/out of circle	59	26.70	210	95.02
3: Out of circle	11	4.98	221	100.00

Frequency Missing = 480

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

Analysis Variable : thigh_int4									
N	N Miss	Mean	SD	Minimum	Lower Quartile	Median	Upper Quartile	Maximum	
679	0	12.3	26.6	0.0	0.0	0.0	10.0	139.	

thigh_int4	Frequency	Percent	Cum Freq	Cum Percent
.	22	100.00	22	100.00

No Pain Sensation

Most Intense Pain Sensation Imaginable

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

Yes1 ↓ **COMPLETE B3b**

No..... 2 → **SKIP TO B4**

vag_pn4	Frequency	Percent	Cum Freq	Cum Percent
.	13	.	.	.
0: no pain	466	67.73	466	67.73
1: Yes	222	32.27	688	100.00

Frequency Missing = 13

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

Analysis Variable : vag_int4									
N	N Miss	Mean	SD	Minimum	Lower Quartile	Median	Upper Quartile	Maximum	
687	0	12.9	26.8	0.0	0.0	0.0	11.0	148.0	

vag_int4	Frequency	Percent	Cum Freq	Cum Percent
.	14	100.00	14	100.00

No Pain Sensation

Most Intense Pain Sensation Imaginable

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

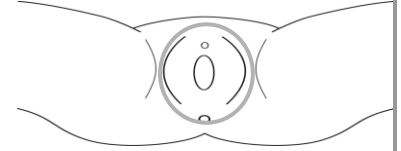
Yes1 **↓ COMPLETE B4a & B4b**

No..... 2 **→ SKIP To C1**

groin_pn4	Frequency	Percent	Cum Freq	Cum Percent
.	14	.	.	.
0: no pain	479	69.72	479	69.72
1: Yes	208	30.28	687	100.00

Frequency Missing = 14

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



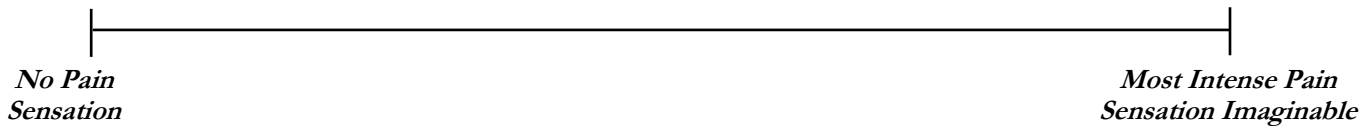
DY4_GROIN_A	Frequency	Percent	Cum Freq	Cum Percent
.	469	.	.	.
1: Within circle	125	53.88	125	53.88
2: Within/out of circle	73	31.47	198	85.34
3: Out of circle	34	14.66	232	100.00

Frequency Missing = 469

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

Analysis Variable : groin_int4								
N	Miss	Mean	SD	Minimum	Lower Quartile	Median	Upper Quartile	Maximum
687	0	13.8	29.4	0.0	0.0	0.0	10.0	147.0

groin_int4	Frequency	Percent	Cum Freq	Cum Percent
.	14	100.00	14	100.00



Analysis Variable : wstpnt4									
N	Miss	Mean	SD	Minimum	Lower Quartile	Median	Upper Quartile	Maximum	
683	0	30.5	37.4	0.0	0.0	15.0	47.0	149.0	

wstpnt4	Frequency	Percent	Cum Freq	Cum Percent
.	18	100.00	18	100.00

Use of Pain Medication: Please write down any prescribed and over-the-counter pain medicines you took in the last 24 hours for pain you believe is due to your incontinence operation.

D1. Did you use pain medicines in the last 24 hours for pain due to your incontinence operation?

Yes..... 1 **↓ COMPLETE THE TABLE BELOW**

No2 **→YOU'RE DONE FOR TODAY**

DY4 PN MED	Frequency	Percent	Cum Freq	Cum Percent
.	178	.	.	.
1	358	68.45	358	68.45
2	165	31.55	523	100.00

Frequency Missing = 178

D2.	A	B	C	D
	<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: Tylenol 3</i>	<i>500mg</i>	<i>3</i>	<i>Headache</i>

YOU'RE DONE FOR TODAY

Analysis Variable : Day5_date									
N	Miss	Mean	SD	Minimum	Lower Quartile	Median	Upper Quartile	Maximum	
691	0	7.0	6.3	4.0	4.0	4.0	5.0	49.0	

Day5_date	Frequency	Percent	Cum Freq	Cum Percent
.	10	100.00	10	100.00

RANGE	DAY5_TIMEA
MIN (for non-missing dates)	01:00
MAX	12:45

n_obs
614

DAY5_TIMEB	Frequency	Percent	Cum Freq	Cum Percent
.	89	.	.	.
1: Am	68	11.11	68	11.11
2: Pm	544	88.89	612	100.00

Frequency Missing = 89

DAY5_DAY	Frequency	Percent	Cum Freq	Cum Percent
.	14	.	.	.
1	97	14.12	97	14.12
2	118	17.18	215	31.30
3	27	3.93	242	35.23
4	3	0.44	245	35.66
5	134	19.51	379	55.17
6	140	20.38	519	75.55
7	168	24.45	687	100.00

Frequency Missing = 14

B0. Think back to this time yesterday. Have you had any pain within the last 24 hours as a result of your incontinence operation?

Yes..... 1 ↓ **Complete the Diary today** ↓ No 2 → **You're done for today**

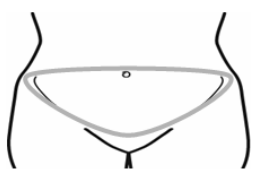
DY5_ANY_PAIN	Frequency	Percent	Cum Freq	Cum Percent
.	12	.	.	.
0 No	211	30.62	211	30.62
1 Yes	478	69.38	689	100.00

Frequency Missing = 12

B1. Have you had **lower abdominal pain** in the last 24 hours because of your incontinence operation?

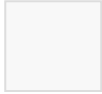
Yes1 ↓ **COMPLETE B1a & B1b** No..... 2 → **SKIP TO B2**

ab_pn5	Frequency	Percent	Cum Freq	Cum Percent
.	18	.	.	.



0: no pain	395	57.83	395	57.83
1: Yes	288	42.17	683	100.00

Frequency Missing = 18



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

DY5_AB_A	Frequency	Percent	Cum Freq	Cum Percent
.	413	.	.	.
1: Within circle	212	73.61	212	73.61
2: Within/out of circle	57	19.79	269	93.40
3: Out of circle	19	6.60	288	100.00

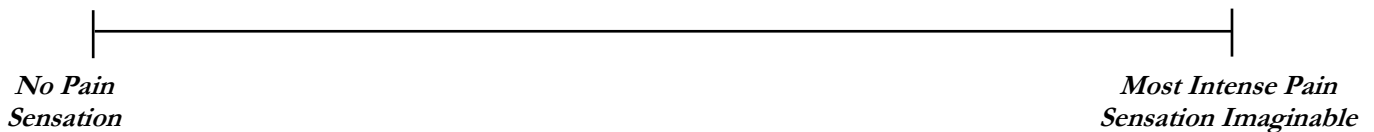


Frequency Missing = 413

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

Analysis Variable : ab_int5								
N	Miss	Mean	SD	Minimum	Lower Quartile	Median	Upper Quartile	Maximum
672	0	14.9	27.3	0.0	0.0	0.0	20.0	150.0

ab_int5	Frequency	Percent	Cum Freq	Cum Percent
.	29	100.00	29	100.00



B2. Have you had **inner thigh pain** in the last 24 hours because of your incontinence operation?

Yes1 ↓ **COMPLETE B2a & B2b**

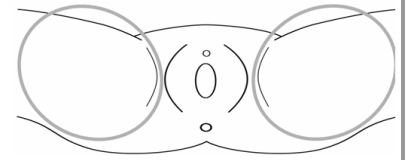
No..... 2 → **SKIP TO B3**

thigh_pn5	Frequency	Percent	Cum Freq	Cum Percent
.	17	.	.	.
0: no pain	505	73.83	505	73.83
1: Yes	179	26.17	684	100.00

Frequency Missing = 17



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



DY5_THIGH_A	Frequency	Percent	Cum Freq	Cum Percent
.	522	.	.	.
1: Within circle	122	68.16	122	68.16
2: Within/out of circle	46	25.70	168	93.85
3: Out of circle	11	6.15	179	100.00

Frequency Missing = 522



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

Analysis Variable : thigh_int5									
N	Miss	Mean	SD	Minimum	Lower Quartile	Median	Upper Quartile	Maximum	
675	0	9.7	24.4	0.0	0.0	0.0	1.0	148.0	

thigh_int5	Frequency	Percent	Cum Freq	Cum Percent
.	26	100.00	26	100.00

No Pain Sensation

Most Intense Pain Sensation Imaginable

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

Yes1 ↓ **COMPLETE B3b**

No..... 2 → **SKIP TO B4**

vag_pn5	Frequency	Percent	Cum Freq	Cum Percent
.	16	.	.	.
0: no pain	497	72.55	497	72.55
1: Yes	188	27.45	685	100.00

Frequency Missing = 16



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

Analysis Variable : vag_int5									
N	Miss	Mean	SD	Minimum	Lower Quartile	Median	Upper Quartile	Maximum	
685	0	10.9	25.2	0.0	0.0	0.0	4.0	148.0	

vag_int5	Frequency	Percent	Cum Freq	Cum Percent
.	16	100.00	16	100.00

No Pain Sensation

Most Intense Pain Sensation Imaginable

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

Yes1 ↓ **COMPLETE B4a & B4b**

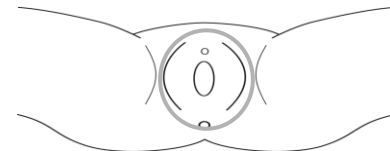
No..... 2 → **SKIP TO C1**

groin pn5	Frequency	Percent	Cum Freq	Cum Percent
.	18	.	.	.
0: no pain	496	72.62	496	72.62
1: Yes	187	27.38	683	100.00

Frequency Missing = 18



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



DY5 GROIN_A	Frequency	Percent	Cum Freq	Cum Percent
.	490	.	.	.
1: Within circle	122	57.82	122	57.82
2: Within/out of circle	57	27.01	179	84.83
3: Out of circle	32	15.17	211	100.00

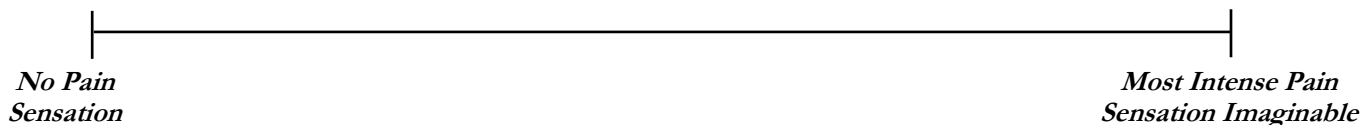
Frequency Missing = 490



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.

Analysis Variable : groin_int5								
N	Miss	Mean	SD	Minimum	Lower Quartile	Median	Upper Quartile	Maximum
681	0	11.6	27.3	0.0	0.0	0.0	4.0	149.

groin_int5	Frequency	Percent	Cum Freq	Cum Percent
.	20	100.00	20	100.00



Analysis Variable : wstpnt_int5									
N	Miss	Mean	SD	Minimum	Lower Quartile	Median	Upper Quartile	Maximum	
680	0	25.4	35.1	0.0	0.0	8.0	36.0	150.0	

wstpnt_int5	Frequency	Percent	Cum Freq	Cum Percent
.	21	100.00	21	100.00

Use of Pain Medication: Please write down any prescribed and over-the-counter pain medicines you took in the last 24 hours for pain you believe is due to your incontinence operation.

D1. Did you use pain medicines in the last 24 hours for pain due to your incontinence operation?

Yes..... 1 **↓ COMPLETE THE TABLE BELOW**

No2 **→YOU'RE DONE FOR TODAY**

DY5 PN MED	Frequency	Percent	Cum Freq	Cum Percent
.	226	.	.	.
1	313	65.89	313	65.89
2	162	34.11	475	100.00

Frequency Missing = 226

D2.	A	B	C	D
	<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: Tylenol 3</i>	<i>500mg</i>	<i>3</i>	<i>Headache</i>

YOU'RE DONE FOR TODAY

Day 6 DATE: ___ / ___ / _____ TIME: ___:___ ^{AM}/_{PM} DAY: M T W TH F S Su

Analysis Variable : Day6 date									
N	Miss	Mean	SD	Minimum	Lower Quartile	Median	Upper Quartile	Maximum	
684	0	7.9	6.2	5.0	5.0	5.0	6.0	50.0	

Day6_date	Frequency	Percent	Cum Freq	Cum Percent
.	17	100.00	17	100.00

RANGE	DAY6_TIMEA
MIN (for non-missing dates)	01:00
MAX	12:30

n_obs
601

DAY6_TIMEB	Frequency	Percent	Cum Freq	Cum Percent
.	107	.	.	.
1:Am	63	10.61	63	10.61
2:Pm	531	89.39	594	100.00

Frequency Missing = 107

DAY6_DAY	Frequency	Percent	Cum Freq	Cum Percent
.	22	.	.	.
1	165	24.30	165	24.30
2	98	14.43	263	38.73
3	117	17.23	380	55.96
4	26	3.83	406	59.79
5	4	0.59	410	60.38
6	129	19.00	539	79.38
7	140	20.62	679	100.00

Frequency Missing = 22

B0. Think back to this time yesterday. Have you had any pain within the last 24 hours as a result of your incontinence operation?

Yes..... 1 ↓ **Complete the Diary today** ↓ No 2 → **You're done for today**

DY6 ANY PAIN	Frequency	Percent	Cum Freq	Cum Percent
.	18	.	.	.
0 No	249	36.46	249	36.46
1 Yes	434	63.54	683	100.00

Frequency Missing = 18

B1. Have you had **lower abdominal pain** in the last 24 hours because of your incontinence operation?

Yes1 ↓ **COMPLETE B1a & B1b** No..... 2 → **SKIP TO B2**

ab_pn6	Frequency	Percent	Cum Freq	Cum Percent
.	20	.	.	.



0: no pain	420	61.67	420	61.67
1: Yes	261	38.33	681	100.00

Frequency Missing = 20



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

DY6 AB A	Frequency	Percent	Cum Freq	Cum Percent
.	443	.	.	.
1: Within circle	189	73.26	189	73.26
2: Within/out of circle	52	20.16	241	93.41
3: Out of circle	17	6.59	258	100.00

Frequency Missing = 443



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

Analysis Variable : ab int6								
N	Miss	Mean	SD	Minimum	Lower Quartile	Median	Upper Quartile	Maximum
671	0	13.1	25.7	0.0	0.0	0.0	15.0	134.0

ab int6	Frequency	Percent	Cum Freq	Cum Percent
.	30	100.00	30	100.00

*No Pain
Sensation*

*Most Intense Pain
Sensation Imaginable*

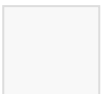
B2. Have you had **inner thigh pain** in the last 24 hours because of your incontinence operation?

Yes1 ↓ **COMPLETE B2a & B2b**

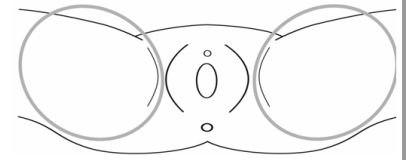
No..... 2 ➔ **SKIP TO B3**

thigh_pn6	Frequency	Percent	Cum Freq	Cum Percent
.	20	.	.	.
0: no pain	525	77.09	525	77.09
1: Yes	156	22.91	681	100.00

Frequency Missing = 20



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



DY6_THIGH_A	Frequency	Percent	Cum Freq	Cum Percent
.	544	.	.	.
1: Within circle	104	66.24	104	66.24
2: Within/out of circle	46	29.30	150	95.54
3: Out of circle	7	4.46	157	100.00

Frequency Missing = 544



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

Analysis Variable : thigh_int6								
N	Miss	Mean	SD	Minimum	Lower Quartile	Median	Upper Quartile	Maximum
673	0	8.0	21.5	0.0	0.0	0.0	0.0	129.0

thigh_int6	Frequency	Percent	Cum Freq	Cum Percent
.	28	100.00	28	100.00

No Pain Sensation

Most Intense Pain Sensation Imaginable

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

Yes1 ↓ **COMPLETE B3b**

No..... 2 → **SKIP TO B4**

vag_pn6	Frequency	Percent	Cum Freq	Cum Percent
.	21	.	.	.
0: no pain	500	73.53	500	73.53
1: Yes	180	26.47	680	100.00

Frequency Missing = 21



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

Analysis Variable : vag_int6								
N	Miss	Mean	SD	Minimum	Lower Quartile	Median	Upper Quartile	Maximum
679	0	10.0	23.6	0.0	0.0	0.0	3.0	146.0

vag_int6	Frequency	Percent	Cum Freq	Cum Percent
.	22	100.00	22	100.00

No Pain Sensation

Most Intense Pain Sensation Imaginable

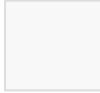
B4. Have you had pain in the area **outside your vagina but inside the thigh crease** in the last 24 hours because of your incontinence operation?

Yes1 **↓ COMPLETE B4a & B4b**

No..... 2 **→ SKIP To C1**

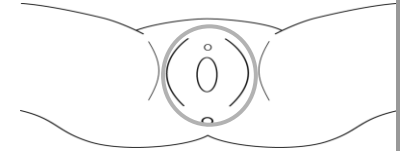
groin_pn6	Frequency	Percent	Cum Freq	Cum Percent
.	21	.	.	.
0: no pain	503	73.97	503	73.97
1: Yes	177	26.03	680	100.00

Frequency Missing = 21



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

DY6_GROIN_A	Frequency	Percent	Cum Freq	Cum Percent
.	514	.	.	.
1: Within circle	107	57.22	107	57.22
2: Within/out of circle	57	30.48	164	87.70
3: Out of circle	23	12.30	187	100.00

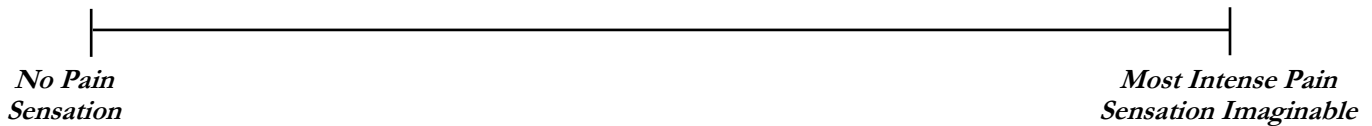


Frequency Missing = 514

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.

Analysis Variable : groin_int6								
N	Miss	Mean	SD	Minimum	Lower Quartile	Median	Upper Quartile	Maximum
676	0	10.4	25.1	0.0	0.0	0.0	2.0	149.0

groin_int6	Frequency	Percent	Cum Freq	Cum Percent
.	25	100.00	25	100.00



Analysis Variable : wstpnt6									
N	Miss	Mean	SD	Minimum	Lower Quartile	Median	Upper Quartile	Maximum	
670	0	22.8	33.4	0.0	0.0	5.0	33.0	149.0	

wstpnt6	Frequency	Percent	Cum Freq	Cum Percent
.	31	100.00	31	100.00

Use of Pain Medication: Please write down any prescribed and over-the-counter pain medicines you took in the last 24 hours for pain you believe is due to your incontinence operation.

D1. Did you use pain medicines in the last 24 hours for pain due to your incontinence operation?

Yes..... 1 **↓ COMPLETE THE TABLE BELOW**

No2 **→YOU'RE DONE FOR TODAY**

DY6 PN MED	Frequency	Percent	Cum Freq	Cum Percent
.	271	.	.	.
1	273	63.49	273	63.49
2	157	36.51	430	100.00

Frequency Missing = 271

D2.	A	B	C	D
	<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: Tylenol 3</i>	<i>500mg</i>	<i>3</i>	<i>Headache</i>

YOU'RE DONE FOR TODAY

Day 7	DATE: ___ / ___ / _____	TIME: ___:___ ^{AM} / _{PM}	DAY: M T W TH F S Su
-------	-------------------------	---	----------------------

Analysis Variable : Day7_date									
N	N Miss	Mean	SD	Minimum	Lower Quartile	Median	Upper Quartile	Maximum	
682	0	9.0	6.2	6.0	6.0	6.0	7.0	51.0	

Day7_date	Frequency	Percent	Cum Freq	Cum Percent
.	18	94.74	18	94.74
-24	1	5.26	19	100.00

RANGE	DAY7_TIMEA
MIN (for non-missing dates)	01:00
MAX	12:30

n_obs
605

DAY7_TIMEB	Frequency	Percent	Cum Freq	Cum Percent
.	104	.	.	.
1: Am	67	11.22	67	11.22
2: Pm	530	88.78	597	100.00

Frequency Missing = 104

DAY7_DAY	Frequency	Percent	Cum Freq	Cum Percent
.	22	.	.	.
1	140	20.62	140	20.62
2	164	24.15	304	44.77
3	98	14.43	402	59.20
4	119	17.53	521	76.73
5	26	3.83	547	80.56
6	5	0.74	552	81.30
7	127	18.70	679	100.00

Frequency Missing = 22

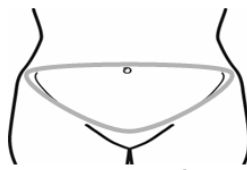
B0. Think back to this time yesterday. Have you had any pain within the last 24 hours as a result of your incontinence operation?
 Yes..... 1 **↓ Complete the Diary today ↓** No..... 2 **→ You're done for today**

DY7_ANY_PAIN	Frequency	Percent	Cum Freq	Cum Percent
.	21	.	.	.
0: No	292	42.94	292	42.94
1: Yes	388	57.06	680	100.00

Frequency Missing = 21

B1. Have you had **lower abdominal pain** in the last 24 hours because of your incontinence operation?
 Yes1 **↓ COMPLETE B1a & B1b** No..... 2 **→ SKIP TO B2**

ab_pn7	Frequency	Percent	Cum Freq	Cum Percent



.	23	.	.	.
0: no pain	446	65.78	446	65.78
1: Yes	232	34.22	678	100.00

Frequency Missing = 23



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

DY7_AB_A	Frequency	Percent	Cum Freq	Cum Percent
.	459	.	.	.
1: Within circle	173	71.49	173	71.49
2: Within/out of circle	51	21.07	224	92.56
3: Out of circle	18	7.44	242	100.00

Frequency Missing = 459



B1D. Rate the intensity of the **lower abdominal pain** by marking a vertical line through the pain scale below.

Analysis Variable : ab_int7								
N	Miss	Mean	SD	Minimum	Lower Quartile	Median	Upper Quartile	Maximum
664	0	9.9	21.4	0.0	0.0	0.0	8.0	127.0

ab_int7	Frequency	Percent	Cum Freq	Cum Percent
.	37	100.00	37	100.00

*No Pain
Sensation*

*Most Intense Pain
Sensation Imaginable*

B2. Have you had **inner thigh pain** in the last 24 hours because of your incontinence operation?

Yes1 ↓ **COMPLETE B2a & B2b**

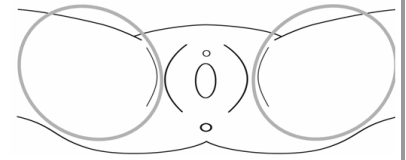
No..... 2 → **SKIP TO B3**

thigh pn7	Frequency	Percent	Cum Freq	Cum Percent
.	24	.	.	.
0: no pain	551	81.39	551	81.39
1: Yes	126	18.61	677	100.00

Frequency Missing = 24



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



DY7_THIGH_A	Frequency	Percent	Cum Freq	Cum Percent
.	571	.	.	.
1: Within circle	85	65.38	85	65.38
2: Within/out of circle	33	25.38	118	90.77
3: Out of circle	12	9.23	130	100.00

Frequency Missing = 571

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

Analysis Variable : thigh_int7								
N	Miss	Mean	SD	Minimum	Lower Quartile	Median	Upper Quartile	Maximum
675	0	6.3	19.4	0.0	0.0	0.0	0.0	135.0

thigh_int7	Frequency	Percent	Cum Freq	Cum Percent
.	26	100.00	26	100.00

No Pain Sensation

Most Intense Pain Sensation Imaginable

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

Yes1 ↓ **COMPLETE B3b**

No..... 2 → **SKIP TO B4**

vag_pn7	Frequency	Percent	Cum Freq	Cum Percent
.	24	.	.	.
0: no pain	515	76.07	515	76.07
1: Yes	162	23.93	677	100.00

Frequency Missing = 24

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

Analysis Variable : vag_int7								
N	Miss	Mean	SD	Minimum	Lower Quartile	Median	Upper Quartile	Maximum
675	0	8.9	23.1	0.0	0.0	0.0	0.0	142.0

vag_int7	Frequency	Percent	Cum Freq	Cum Percent
.	26	100.00	26	100.00

No Pain Sensation

Most Intense Pain Sensation Imaginable

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

Yes1 ↓ **COMPLETE B4a & B4b**

No..... 2 → **SKIP TO C1**

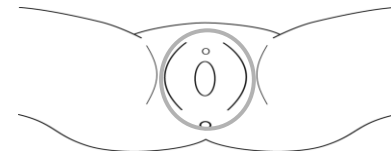
groin_pn7	Frequency	Percent	Cum Freq	Cum Percent
.	25	.	.	.
0: no pain	529	78.25	529	78.25
1: Yes	147	21.75	676	100.00

Frequency Missing = 25



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

DY7_GROIN_A	Frequency	Percent	Cum Freq	Cum Percent
.	541	.	.	.
1: Within circle	87	54.38	87	54.38
2: Within/out of circle	53	33.13	140	87.50
3: Out of circle	20	12.50	160	100.00

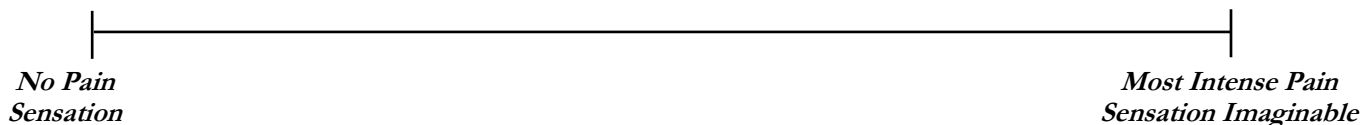


Frequency Missing = 541

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.

Analysis Variable : groin_int7								
N	Miss	Mean	SD	Minimum	Lower Quartile	Median	Upper Quartile	Maximum
675	0	8.8	24.1	0.0	0.0	0.0	0.0	149.0

groin_int7	Frequency	Percent	Cum Freq	Cum Percent
.	26	100.00	26	100.00



Analysis Variable : wstpnt7									
N	Miss	Mean	SD	Minimum	Lower Quartile	Median	Upper Quartile	Maximum	
670	0	18.8	30.8	0.0	0.0	2.0	26.0	149.0	

wstpnt7	Frequency	Percent	Cum Freq	Cum Percent
.	31	100.00	31	100.00

Use of Pain Medication: Please write down any prescribed and over-the-counter pain medicines you took in the last 24 hours for pain you believe is due to your incontinence operation.

D1. Did you use pain medicines in the last 24 hours for pain due to your incontinence operation?

Yes..... 1 **↓ COMPLETE THE TABLE BELOW**

No2 **→YOU'RE DONE FOR TODAY**

DY7 PN MED	Frequency	Percent	Cum Freq	Cum Percent
.	313	.	.	.
1	221	56.96	221	56.96
2	167	43.04	388	100.00

Frequency Missing = 313

D2.	A	B	C	D
	<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: Tylenol 3</i>	<i>500mg</i>	<i>3</i>	<i>Headache</i>

YOU'RE DONE FOR TODAY

Analysis Variable : Day8 date									
N	N Miss	Mean	SD	Minimum	Lower Quartile	Median	Upper Quartile	Maximum	
675	0	9.9	6.2	7.0	7.0	7.0	8.0	52.0	

Day8_date	Frequency	Percent	Cum Freq	Cum Percent
.	25	96.15	25	96.15
-23	1	3.85	26	100.00

RANGE	DAY8_TIMEA
MIN (for non-missing dates)	01:00
MAX	12:45

n_obs	597
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DAY8_TIMEB	Frequency	Percent	Cum Freq	Cum Percent
.	107	.	.	.
1: Am	67	11.28	67	11.28
2: Pm	527	88.72	594	100.00

Frequency Missing = 107

DAY8_DAY	Frequency	Percent	Cum Freq	Cum Percent
.	29	.	.	.
1	129	19.20	129	19.20
2	138	20.54	267	39.73
3	162	24.11	429	63.84
4	98	14.58	527	78.42
5	116	17.26	643	95.68
6	26	3.87	669	99.55
7	3	0.45	672	100.00

Frequency Missing = 29

B0. Think back to this time yesterday. Have you had any pain within the last 24 hours as a result of your incontinence operation?

Yes..... 1 ↓ **Complete the Diary today** ↓ No..... 2 → **You're done for today**

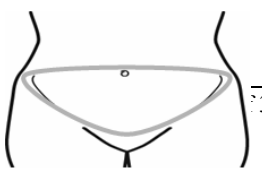
DY8_ANY_PAIN	Frequency	Percent	Cum Freq	Cum Percent
.	26	.	.	.
0: No	328	48.59	328	48.59
1: Yes	347	51.41	675	100.00

Frequency Missing = 26

B1. Have you had **lower abdominal pain** in the last 24 hours because of your incontinence operation?

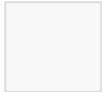
Yes1 ↓ **COMPLETE B1a & B1b**

No2 → **SKIP TO B2**



ab_pn8	Frequency	Percent	Cum Freq	Cum Percent
.	31	.	.	.
0: no pain	465	69.40	465	69.40
1: Yes	205	30.60	670	100.00

Frequency Missing = 31



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

DY8 AB A	Frequency	Percent	Cum Freq	Cum Percent
.	489	.	.	.
1: Within circle	143	67.45	143	67.45
2: Within/out of circle	56	26.42	199	93.87
3: Out of circle	13	6.13	212	100.00

Frequency Missing = 489



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

Analysis Variable : ab_int8									
N	Miss	Mean	SD	Minimum	Lower Quartile	Median	Upper Quartile	Maximum	
657	0	9.0	22.1	0.0	0.0	0.0	4.0	127.0	

ab_int8	Frequency	Percent	Cum Freq	Cum Percent
.	44	100.00	44	100.00

*No Pain
Sensation*

*Most Intense Pain
Sensation Imaginable*

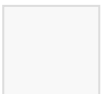
B2. Have you had **inner thigh pain** in the last 24 hours because of your incontinence operation?

Yes1 ↓ **COMPLETE B2a & B2b**

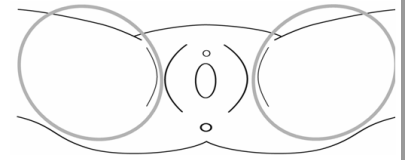
No..... 2 → **SKIP TO B3**

thigh_pn8	Frequency	Percent	Cum Freq	Cum Percent
.	30	.	.	.
0: no pain	557	83.01	557	83.01
1: Yes	114	16.99	671	100.00

Frequency Missing = 30



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



DY8_THIGH_A	Frequency	Percent	Cum Freq	Cum Percent
.	586	.	.	.
1: Within circle	74	64.35	74	64.35
2: Within/out of circle	34	29.57	108	93.91
3: Out of circle	7	6.09	115	100.00

Frequency Missing = 586

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

Analysis Variable : thigh_int8									
N	Miss	Mean	SD	Minimum	Lower Quartile	Median	Upper Quartile	Maximum	
669	0	5.5	18.6	0.0	0.0	0.0	0.0	128.	

thigh_int8	Frequency	Percent	Cum Freq	Cum Percent
.	32	100.00	32	100.00

*No Pain
Sensation*

*Most Intense Pain
Sensation Imaginable*

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

Yes1 ↓ **COMPLETE B3b**

No..... 2 → **SKIP TO B4**

vag_pn8	Frequency	Percent	Cum Freq	Cum Percent
.	29	.	.	.
0: no pain	526	78.27	526	78.27
1: Yes	146	21.73	672	100.00

Frequency Missing = 29

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

Analysis Variable : vag_int8									
N	Miss	Mean	SD	Minimum	Lower Quartile	Median	Upper Quartile	Maximum	
672	0	7.7	21.0	0.0	0.0	0.0	0.0	145.0	

vag_int8	Frequency	Percent	Cum Freq	Cum Percent
.	29	100.00	29	100.00

*No Pain
Sensation*

*Most Intense Pain
Sensation Imaginable*

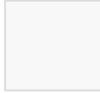
B4. Have you had pain in the area **outside your vagina but inside the thigh crease** in the last 24 hours because of your incontinence operation?

Yes1 **↓ COMPLETE B4a & B4b**

No..... 2 **→ SKIP To C1**

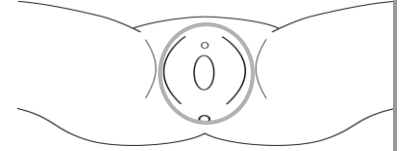
groin_pn8	Frequency	Percent	Cum Freq	Cum Percent
.	30	.	.	.
0: no pain	540	80.48	540	80.48
1: Yes	131	19.52	671	100.00

Frequency Missing = 30



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

DY8_GROIN_A	Frequency	Percent	Cum Freq	Cum Percent
.	562	.	.	.
1: Within circle	80	57.55	80	57.55
2: Within/out of circle	42	30.22	122	87.77
3: Out of circle	17	12.23	139	100.00

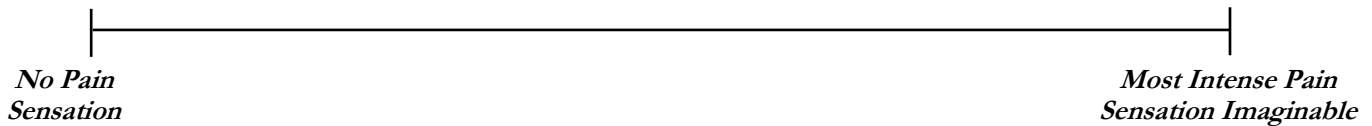


Frequency Missing = 562

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.

Analysis Variable : groin_int8								
N	Miss	Mean	SD	Minimum	Lower Quartile	Median	Upper Quartile	Maximum
666	0	7.6	22.2	0.0	0.0	0.0	0.0	146.0

groin_int8	Frequency	Percent	Cum Freq	Cum Percent
.	35	100.00	35	100.00



Analysis Variable : wstpnt8									
N	Miss	Mean	SD	Minimum	Lower Quartile	Median	Upper Quartile	Maximum	
669	0	16.5	29.7	0.0	0.0	0.0	19.0	147.0	

wstpnt8	Frequency	Percent	Cum Freq	Cum Percent
.	32	100.00	32	100.00

Use of Pain Medication: Please write down any prescribed and over-the-counter pain medicines you took in the last 24 hours for pain you believe is due to your incontinence operation.

D1. Did you use pain medicines in the last 24 hours for pain due to your incontinence operation?

Yes..... 1 **↓ COMPLETE THE TABLE BELOW**

No2 **→YOU'RE DONE FOR TODAY**

DY8 PN MED	Frequency	Percent	Cum Freq	Cum Percent
.	356	.	.	.
1	194	56.23	194	56.23
2	151	43.77	345	100.00

Frequency Missing = 356

D2.	A	B	C	D
	<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: Tylenol 3</i>	<i>500mg</i>	<i>3</i>	<i>Headache</i>

YOU'RE DONE FOR TODAY

Day 9 DATE: ___ / ___ / _____ TIME: ___:___ ^{AM}/_{PM} DAY: M T W TH F S Su

Analysis Variable : Day9 date									
N	Miss	Mean	SD	Minimum	Lower Quartile	Median	Upper Quartile	Maximum	
672	0	11.0	6.2	8.0	8.0	8.0	9.0	53.0	

Day9_date	Frequency	Percent	Cum Freq	Cum Percent
.	29	100.00	29	100.00

RANGE	DAY9_TIMEA
MIN (for non-missing dates)	01:00
MAX	12:45

n_obs
572

DAY9_TIMEB	Frequency	Percent	Cum Freq	Cum Percent
.	131	.	.	.
1: Am	60	10.53	60	10.53
2: Pm	510	89.47	570	100.00

Frequency Missing = 131

DAY9_DAY	Frequency	Percent	Cum Freq	Cum Percent
.	34	.	.	.
1	4	0.60	4	0.60
2	125	18.74	129	19.34
3	137	20.54	266	39.88
4	163	24.44	429	64.32
5	97	14.54	526	78.86
6	111	16.64	637	95.50
7	30	4.50	667	100.00

Frequency Missing = 34

B0. Think back to this time yesterday. Have you had any pain within the last 24 hours as a result of your incontinence operation?

Yes..... 1 ↓ **Complete the Diary today** ↓ No 2 → **You're done for today**

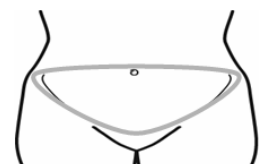
DY9 ANY PAIN	Frequency	Percent	Cum Freq	Cum Percent
.	32	.	.	.
0: No	362	54.11	362	54.11
1: Yes	307	45.89	669	100.00

Frequency Missing = 32

B1. Have you had **lower abdominal pain** in the last 24 hours because of your incontinence operation?

Yes1 ↓ **COMPLETE B1a & B1b** No..... 2 → **SKIP TO B2**

ab_pn9	Frequency	Percent	Cum Freq	Cum Perc
.	34	.	.	.



0: no pain	485	72.71	485	72.71
1: Yes	182	27.29	667	100.00

Frequency Missing = 34



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

DY9_AB_A	Frequency	Percent	Cum Freq	Cum Percent
.	518	.	.	.
1: Within circle	127	69.40	127	69.40
2: Within/out of circle	48	26.23	175	95.63
3: Out of circle	8	4.37	183	100.00



Frequency Missing = 518

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

Analysis Variable : ab_int9								
N	Miss	Mean	SD	Minimum	Lower Quartile	Median	Upper Quartile	Maximum
658	0	7.9	20.7	0.0	0.0	0.0	2.0	135.0

ab_int9	Frequency	Percent	Cum Freq	Cum Percent
.	43	100.00	43	100.00

*No Pain
Sensation*

*Most Intense Pain
Sensation Imaginable*

B2. Have you had **inner thigh pain** in the last 24 hours because of your incontinence operation?

Yes1 ↓ **COMPLETE B2a & B2b**

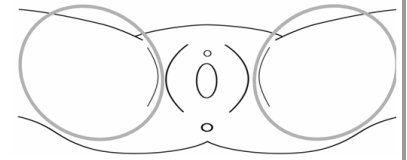
No..... 2 → **SKIP TO B3**

thigh_pn9	Frequency	Percent	Cum Freq	Cum Percent
.	34	.	.	.
0: no pain	578	86.66	578	86.66
1: Yes	89	13.34	667	100.00

Frequency Missing = 34



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



DY9_THIGH_A	Frequency	Percent	Cum Freq	Cum Percent
.	608	.	.	.
1: Within circle	62	66.67	62	66.67
2: Within/out of circle	26	27.96	88	94.62
3: Out of circle	5	5.38	93	100.00

Frequency Missing = 608



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

Analysis Variable : thigh_int9								
N	Miss	Mean	SD	Minimum	Lower Quartile	Median	Upper Quartile	Maximum
663	0	4.0	15.5	0.0	0.0	0.0	0.0	123.0

thigh_int9	Frequency	Percent	Cum Freq	Cum Percent
.	38	100.00	38	100.00

No Pain Sensation

Most Intense Pain Sensation Imaginable

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

Yes1 ↓ **COMPLETE B3b**

No..... 2 → **SKIP TO B4**

vag_pn9	Frequency	Percent	Cum Freq	Cum Percent
.	36	.	.	.
0: no pain	536	80.60	536	80.60
1: Yes	129	19.40	665	100.00

Frequency Missing = 36



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

Analysis Variable : vag_int9								
N	Miss	Mean	SD	Minimum	Lower Quartile	Median	Upper Quartile	Maximum
663	0	6.4	19.3	0.0	0.0	0.0	0.0	150.0

vag_int9	Frequency	Percent	Cum Freq	Cum Percent
.	38	100.00	38	100.00

No Pain Sensation

Most Intense Pain Sensation Imaginable

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

Yes1 ↓ **COMPLETE B4a & B4b**

No..... 2 → **SKIP TO C1**

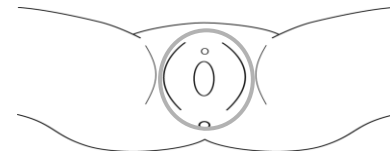
groin_pn9	Frequency	Percent	Cum Freq	Cum Percent
.	34	.	.	.
0: no pain	549	82.31	549	82.31
1: Yes	118	17.69	667	100.00

Frequency Missing = 34



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

DY9_GROIN_A	Frequency	Percent	Cum Freq	Cum Percent
.	569	.	.	.
1: Within circle	68	51.52	68	51.52
2: Within/out of circle	45	34.09	113	85.61
3: Out of circle	19	14.39	132	100.00



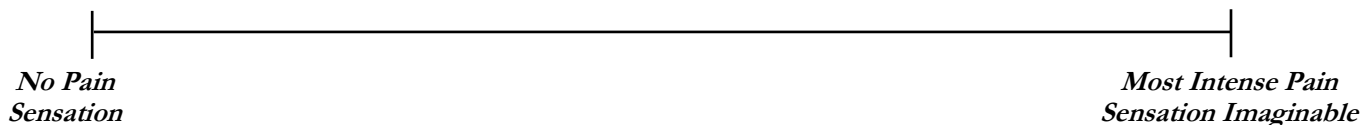
Frequency Missing = 569



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.

Analysis Variable : groin_int9								
N	Miss	Mean	SD	Minimum	Lower Quartile	Median	Upper Quartile	Maximum
659	0	6.7	22.1	0.0	0.0	0.0	0.0	147.0

groin_int9	Frequency	Percent	Cum Freq	Cum Percent
.	42	100.00	42	100.00



Analysis Variable : wstpnt_int9									
N	Miss	Mean	SD	Minimum	Lower Quartile	Median	Upper Quartile	Maximum	
661	0	14.1	27.3	0.0	0.0	0.0	16.0	150.0	

wstpnt_int9	Frequency	Percent	Cum Freq	Cum Percent
.	40	100.00	40	100.00

Use of Pain Medication: Please write down any prescribed and over-the-counter pain medicines you took in the last 24 hours for pain you believe is due to your incontinence operation.

D1. Did you use pain medicines in the last 24 hours for pain due to your incontinence operation?

Yes..... 1 **↓ COMPLETE THE TABLE BELOW**

No2 **→YOU'RE DONE FOR TODAY**

DY9 PN MED	Frequency	Percent	Cum Freq	Cum Percent
.	393	.	.	.
1	168	54.55	168	54.55
2	140	45.45	308	100.00

Frequency Missing = 393

D2.	A	B	C	D
	<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: Tylenol 3</i>	<i>500mg</i>	<i>3</i>	<i>Headache</i>

YOU'RE DONE FOR TODAY

Day 10 DATE: ___ / ___ / _____ TIME: ___:___ ^{AM}/_{PM} DAY: M T W TH F S Su

Analysis Variable : Day10_date									
N	Miss	Mean	SD	Minimum	Lower Quartile	Median	Upper Quartile	Maximum	
663	0	12.0	6.2	9.0	9.0	9.0	10.0	54.0	

Day10_date	Frequency	Percent	Cum Freq	Cum Percent
.	38	100.00	38	100.00

RANGE	DAY10_TIMEA
MIN (for non-missing dates)	01:00
MAX	12:50

n_obs	568
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DAY10_TIMEB	Frequency	Percent	Cum Freq	Cum Percent
.	136	.	.	.
1: Am	73	12.92	73	12.92
2: Pm	492	87.08	565	100.00

Frequency Missing = 136

DAY10_DAY	Frequency	Percent	Cum Freq	Cum Percent
.	43	.	.	.
1	31	4.71	31	4.71
2	3	0.46	34	5.17
3	125	19.00	159	24.16
4	130	19.76	289	43.92
5	164	24.92	453	68.84
6	96	14.59	549	83.43
7	109	16.57	658	100.00

Frequency Missing = 43

B0. Think back to this time yesterday. Have you had any pain within the last 24 hours as a result of your incontinence operation?

Yes..... 1 ↓ **Complete the Diary today** ↓ No 2 → **You're done for today**

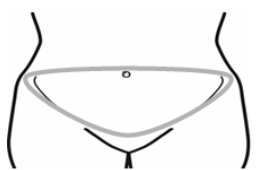
DY10_ANY PAIN	Frequency	Percent	Cum Freq	Cum Percent
.	39	.	.	.
0: No	387	58.46	387	58.46
1: Yes	275	41.54	662	100.00

Frequency Missing = 39

B1. Have you had **lower abdominal pain** in the last 24 hours because of your incontinence operation?

Yes1 ↓ **COMPLETE B1a & B1b** No..... 2 → **SKIP TO B2**

ab_pn10	Frequency	Percent	Cum Freq	Cum Percent
.	40	.	.	.



0: no pain	503	76.10	503	76.10
1: Yes	158	23.90	661	100.00

Frequency Missing = 40



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

DY10_AB_A	Frequency	Percent	Cum Freq	Cum Percent
.	535	.	.	.
1: Within circle	114	68.67	114	68.67
2: Within/out of circle	37	22.29	151	90.96
3: Out of circle	15	9.04	166	100.00

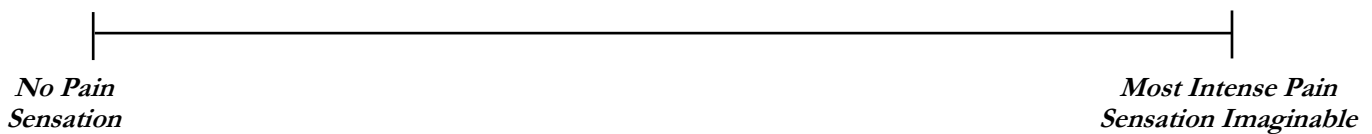


Frequency Missing = 535

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

Analysis Variable : ab_int10									
N	Miss	Mean	SD	Minimum	Lower Quartile	Median	Upper Quartile	Maximum	
653	0	6.7	18.8	0.0	0.0	0.0	0.0	125.0	

ab_int10	Frequency	Percent	Cum Freq	Cum Percent
.	48	100.00	48	100.00



B2. Have you had **inner thigh pain** in the last 24 hours because of your incontinence operation?

Yes1 ↓ **COMPLETE B2a & B2b**

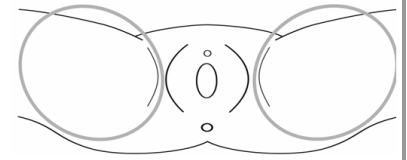
No..... 2 → **SKIP TO B3**

thigh_pn10	Frequency	Percent	Cum Freq	Cum Percent
.	40	.	.	.
0: no pain	580	87.75	580	87.75
1: Yes	81	12.25	661	100.00

Frequency Missing = 40



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



DY10_THIGH_A	Frequency	Percent	Cum Freq	Cum Percent
.	618	.	.	.
1: Within circle	53	63.86	53	63.86
2: Within/out of circle	26	31.33	79	95.18
3: Out of circle	4	4.82	83	100.00

Frequency Missing = 618

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

Analysis Variable : thigh_int10									
N	Miss	Mean	SD	Minimum	Lower Quartile	Median	Upper Quartile	Maximum	
659	0	3.7	14.0	0.0	0.0	0.0	0.0	110.	

thigh_int10	Frequency	Percent	Cum Freq	Cum Percent
.	42	100.00	42	100.00

*No Pain
Sensation*

*Most Intense Pain
Sensation Imaginable*

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

Yes1 ↓ **COMPLETE B3b**

No..... 2 → **SKIP TO B4**

vag_pn10	Frequency	Percent	Cum Freq	Cum Percent
.	40	.	.	.
0: no pain	539	81.54	539	81.54
1: Yes	122	18.46	661	100.00

Frequency Missing = 40

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

Analysis Variable : vag_int10									
N	Miss	Mean	SD	Minimum	Lower Quartile	Median	Upper Quartile	Maximum	
661	0	6.4	18.6	0.0	0.0	0.0	0.0	140.0	

vag_int10	Frequency	Percent	Cum Freq	Cum Percent
.	40	100.00	40	100.00

*No Pain
Sensation*

*Most Intense Pain
Sensation Imaginable*

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

because of your incontinence operation?

Yes1 ↓ **COMPLETE B4a & B4b**

No..... 2 → **SKIP To C1**

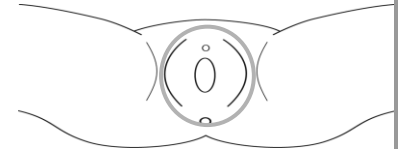
groin_pn10	Frequency	Percent	Cum Freq	Cum Percent
.	40	.	.	.
0: no pain	552	83.51	552	83.51
1: Yes	109	16.49	661	100.00

Frequency Missing = 40



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

DY10_GROIN_A	Frequency	Percent	Cum Freq	Cum Percent
.	581	.	.	.
1: Within circle	58	48.33	58	48.33
2: Within/out of circle	44	36.67	102	85.00
3: Out of circle	18	15.00	120	100.00

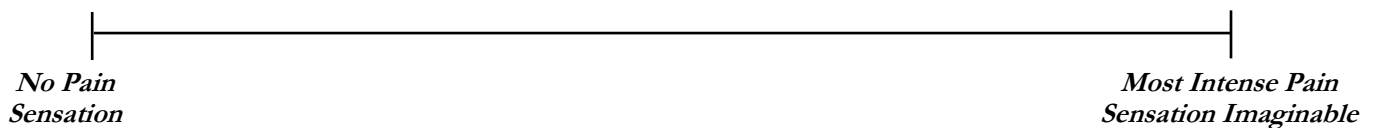


Frequency Missing = 581

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.

Analysis Variable : groin_int10								
N	Miss	Mean	SD	Minimum	Lower Quartile	Median	Upper Quartile	Maximum
658	0	6.4	20.8	0.0	0.0	0.0	0.0	144.0

groin_int10	Frequency	Percent	Cum Freq	Cum Percent
.	43	100.00	43	100.00



Analysis Variable : wstpnt_int10									
N	Miss	Mean	SD	Minimum	Lower Quartile	Median	Upper Quartile	Maximum	
654	0	13.1	27.1	0.0	0.0	0.0	12.0	150.0	

wstpnt_int10	Frequency	Percent	Cum Freq	Cum Percent
.	47	100.00	47	100.00

Use of Pain Medication: Please write down any prescribed and over-the-counter pain medicines you took in the last 24 hours for pain you believe is due to your incontinence operation.

D1. Did you use pain medicines in the last 24 hours for pain due to your incontinence operation?

Yes..... 1 **↓ COMPLETE THE TABLE BELOW**

No2 **→YOU'RE DONE FOR TODAY**

DY10 PN MED	Frequency	Percent	Cum Freq	Cum Percent
.	429	.	.	.
1	137	50.37	137	50.37
2	135	49.63	272	100.00

Frequency Missing = 429

D2.	A	B	C	D
	<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: Tylenol 3</i>	<i>500mg</i>	<i>3</i>	<i>Headache</i>

YOU'RE DONE FOR TODAY

Day 11 DATE: ___ / ___ / _____ TIME: ___:___ ^{AM}/_{PM} DAY: M T W TH F S Su

Analysis Variable : Day11_date									
N	Miss	Mean	SD	Minimum	Lower Quartile	Median	Upper Quartile	Maximum	
652	0	13.0	6.2	9.0	10.0	10.0	11.0	55.0	

Day11_date	Frequency	Percent	Cum Freq	Cum Percent
.	49	100.00	49	100.00

RANGE	DAY11_TIMEA
MIN (for non-missing dates)	01:00
MAX	12:30

n_obs	563
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DAY11_TIMEB	Frequency	Percent	Cum Freq	Cum Percent
.	146	.	.	.
1: Am	58	10.45	58	10.45
2: Pm	497	89.55	555	100.00

Frequency Missing = 146

DAY11_DAY	Frequency	Percent	Cum Freq	Cum Percent
.	54	.	.	.
1	108	16.69	108	16.69
2	28	4.33	136	21.02
3	2	0.31	138	21.33
4	120	18.55	258	39.88
5	127	19.63	385	59.51
6	165	25.50	550	85.01
7	97	14.99	647	100.00

Frequency Missing = 54

B0. Think back to this time yesterday. Have you had any pain within the last 24 hours as a result of your incontinence operation?

Yes..... 1 ↓ **Complete the Diary today** ↓ No 2 → **You're done for today**

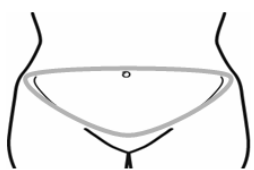
DY11_ANY PAIN	Frequency	Percent	Cum Freq	Cum Percent
.	51	.	.	.
0: No	396	60.92	396	60.92
1: Yes	254	39.08	650	100.00

Frequency Missing = 51

B1. Have you had **lower abdominal pain** in the last 24 hours because of your incontinence operation?

Yes1 ↓ **COMPLETE B1a & B1b** No..... 2 → **SKIP TO B2**

ab_pn11	Frequency	Percent	Cum Freq	Cum Per
.	52	.	.	.



0: no pain	496	76.43	496	76.43
1: Yes	153	23.57	649	100.00

Frequency Missing = 52



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

DY11_AB_A	Frequency	Percent	Cum Freq	Cum Percent
.	542	.	.	.
1: Within circle	117	73.58	117	73.58
2: Within/out of circle	31	19.50	148	93.08
3: Out of circle	11	6.92	159	100.00

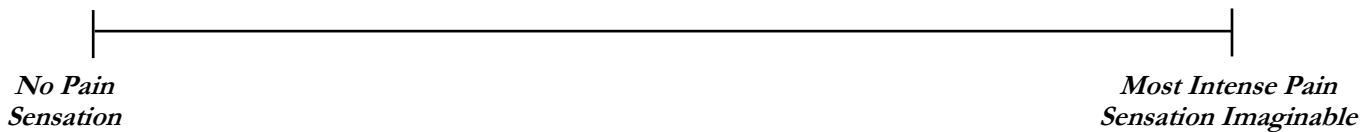


Frequency Missing = 542

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

Analysis Variable : ab_int11									
N	Miss	Mean	SD	Minimum	Lower Quartile	Median	Upper Quartile	Maximum	
642	0	6.7	18.8	0.0	0.0	0.0	0.0	126.0	

ab_int11	Frequency	Percent	Cum Freq	Cum Percent
.	59	100.00	59	100.00



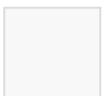
B2. Have you had **inner thigh pain** in the last 24 hours because of your incontinence operation?

Yes1 ↓ **COMPLETE B2a & B2b**

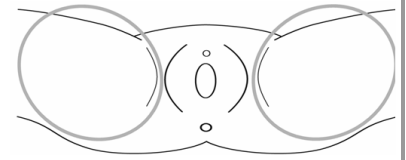
No..... 2 → **SKIP TO B3**

thigh_pn11	Frequency	Percent	Cum Freq	Cum Percent
.	53	.	.	.
0: no pain	578	89.20	578	89.20
1: Yes	70	10.80	648	100.00

Frequency Missing = 53



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



DY11_THIGH_A	Frequency	Percent	Cum Freq	Cum Percent
.	626	.	.	.
1: Within circle	45	60.00	45	60.00
2: Within/out of circle	24	32.00	69	92.00
3: Out of circle	6	8.00	75	100.00

Frequency Missing = 626



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

Analysis Variable : thigh_int11									
N	Miss	Mean	SD	Minimum	Lower Quartile	Median	Upper Quartile	Maximum	
645	0	2.7	11.8	0.0	0.0	0.0	0.0	111.0	

thigh_int11	Frequency	Percent	Cum Freq	Cum Percent
.	56	100.00	56	100.00

No Pain Sensation

Most Intense Pain Sensation Imaginable

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

Yes1 ↓ **COMPLETE B3b**

No..... 2 ➔ **SKIP TO B4**

vag_pn11	Frequency	Percent	Cum Freq	Cum Percent
.	54	.	.	.
0: no pain	539	83.31	539	83.31
1: Yes	108	16.69	647	100.00

Frequency Missing = 54



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

Analysis Variable : vag_int11									
N	Miss	Mean	SD	Minimum	Lower Quartile	Median	Upper Quartile	Maximum	
645	0	5.6	17.2	0.0	0.0	0.0	0.0	132.0	

vag_int11	Frequency	Percent	Cum Freq	Cum Percent
.	56	100.00	56	100.00

No Pain Sensation

Most Intense Pain Sensation Imaginable

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

Yes1 ↓ **COMPLETE B4a & B4b**

No..... 2 → **SKIP TO C1**

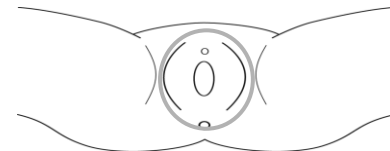
groin_pn1	Frequency	Percent	Cum Freq	Cum Percent
.	54	.	.	.
0: no pain	549	84.85	549	84.85
1: Yes	98	15.15	647	100.00

Frequency Missing = 54



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

DY11_GROIN_A	Frequency	Percent	Cum Freq	Cum Percent
.	591	.	.	.
1: Within circle	56	50.91	56	50.91
2: Within/out of circle	37	33.64	93	84.55
3: Out of circle	17	15.45	110	100.00



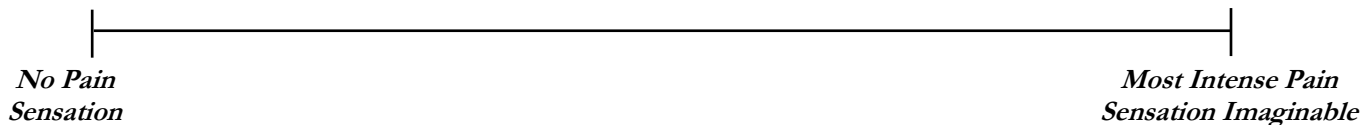
Frequency Missing = 591



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.

Analysis Variable : groin_int11								
N	Miss	Mean	SD	Minimum	Lower Quartile	Median	Upper Quartile	Maximum
646	0	6.2	21.2	0.0	0.0	0.0	0.0	146.0

groin_int11	Frequency	Percent	Cum Freq	Cum Percent
.	55	100.00	55	100.00



Analysis Variable : wstpn_int11									
N	Miss	Mean	SD	Minimum	Lower Quartile	Median	Upper Quartile	Maximum	
647	0	12.3	26.9	0.0	0.0	0.0	9.0	147.0	

wstpn_int11	Frequency	Percent	Cum Freq	Cum Percent
.	54	100.00	54	100.00

Use of Pain Medication: Please write down any prescribed and over-the-counter pain medicines you took in the last 24 hours for pain you believe is due to your incontinence operation.

D1. Did you use pain medicines in the last 24 hours for pain due to your incontinence operation?

Yes..... 1 **↓ COMPLETE THE TABLE BELOW**

No2 **→YOU'RE DONE FOR TODAY**

DY11 PN MED	Frequency	Percent	Cum Freq	Cum Percent
.	447	.	.	.
1	133	52.36	133	52.36
2	121	47.64	254	100.00

Frequency Missing = 447

D2.	A	B	C	D
	<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: Tylenol 3</i>	<i>500mg</i>	<i>3</i>	<i>Headache</i>

YOU'RE DONE FOR TODAY

Day12 DATE: ___ / ___ / _____ TIME: ___:___ ^{AM}/_{PM} DAY: M T W TH F S Su

Analysis Variable : Day12_date								
N	Miss	Mean	SD	Minimum	Lower Quartile	Median	Upper Quartile	Maximum
647	0	13.9	6.2	10.0	11.0	11.0	12.0	56.0

Day12_date	Frequency	Percent	Cum Freq	Cum Percent
.	54	100.00	54	100.00

RANGE	DAY12_TIMEA
MIN (for non-missing dates)	01:00
MAX	12:42

n_obs	556
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DAY12_TIMEB	Frequency	Percent	Cum Freq	Cum Percent
.	147	.	.	.
1: Am	60	10.83	60	10.83
2: Pm	494	89.17	554	100.00

Frequency Missing = 147

DAY12_DAY	Frequency	Percent	Cum Freq	Cum Percent
.	60	.	.	.
1	98	15.29	98	15.29
2	105	16.38	203	31.67
3	28	4.37	231	36.04
4	2	0.31	233	36.35
5	120	18.72	353	55.07
6	124	19.34	477	74.41
7	164	25.59	641	100.00

Frequency Missing = 60

B0. Think back to this time yesterday. Have you had any pain within the last 24 hours as a result of your incontinence operation?

Yes..... 1 ↓ **Complete the Diary today** ↓ No 2 → **You're done for today**

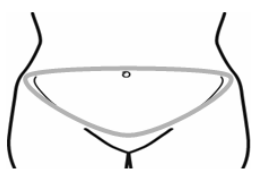
DY12_ANY PAIN	Frequency	Percent	Cum Freq	Cum Percent
.	56	.	.	.
0: No	410	63.57	410	63.57
1: Yes	235	36.43	645	100.00

Frequency Missing = 56

B1. Have you had **lower abdominal pain** in the last 24 hours because of your incontinence operation?

Yes1 ↓ **COMPLETE B1a & B1b** No..... 2 → **SKIP TO B2**

ab_pn12	Frequency	Percent	Cum Freq	Cum Percent
.	59	.	.	.



0: no pain	511	79.60	511	79.60
1: Yes	131	20.40	642	100.00

Frequency Missing = 59



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

DY12_AB_A	Frequency	Percent	Cum Freq	Cum Percent
.	566	.	.	.
1: Within circle	96	71.11	96	71.11
2: Within/out of circle	28	20.74	124	91.85
3: Out of circle	11	8.15	135	100.00

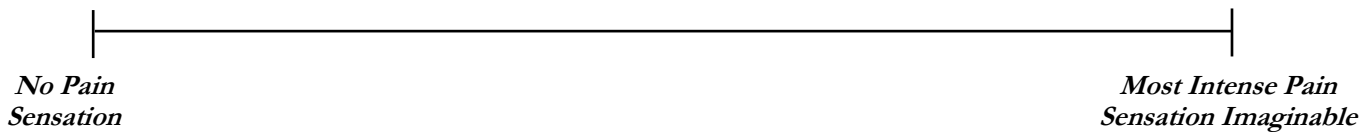


Frequency Missing = 566

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

Analysis Variable : ab_int12									
N	Miss	Mean	SD	Minimum	Lower Quartile	Median	Upper Quartile	Maximum	
637	0	5.2	16.4	0.0	0.0	0.0	0.0	132.0	

ab_int12	Frequency	Percent	Cum Freq	Cum Percent
.	64	100.00	64	100.00



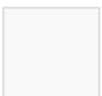
B2. Have you had **inner thigh pain** in the last 24 hours because of your incontinence operation?

Yes1 ↓ **COMPLETE B2a & B2b**

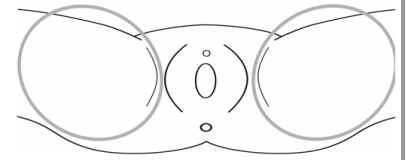
No..... 2 → **SKIP TO B3**

thigh_pn12	Frequency	Percent	Cum Freq	Cum Percent
.	58	.	.	.
0: no pain	572	88.96	572	88.96
1: Yes	71	11.04	643	100.00

Frequency Missing = 58



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



DY12_THIGH_A	Frequency	Percent	Cum Freq	Cum Percent
.	626	.	.	.
1: Within circle	47	62.67	47	62.67
2: Within/out of circle	24	32.00	71	94.67
3: Out of circle	4	5.33	75	100.00

Frequency Missing = 626



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

Analysis Variable : thigh_int12									
N	Miss	Mean	SD	Minimum	Lower Quartile	Median	Upper Quartile	Maximum	
639	0	2.3	10.2	0.0	0.0	0.0	0.0	105.0	

thigh_int12	Frequency	Percent	Cum Freq	Cum Percent
.	62	100.00	62	100.00

No Pain Sensation

Most Intense Pain Sensation Imaginable

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

Yes1 ↓ COMPLETE B3b

No..... 2 → SKIP TO B4

vag_pn12	Frequency	Percent	Cum Freq	Cum Percent
.	58	.	.	.
0: no Pain	539	83.83	539	83.83
1: Yes	104	16.17	643	100.00

Frequency Missing = 58



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

Analysis Variable : vag_int12									
N	Miss	Mean	SD	Minimum	Lower Quartile	Median	Upper Quartile	Maximum	
642	0	4.4	13.9	0.0	0.0	0.0	0.0	121.0	

vag_int12	Frequency	Percent	Cum Freq	Cum Percent
.	59	100.00	59	100.00

No Pain Sensation

Most Intense Pain Sensation Imaginable

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

Yes1 ↓ **COMPLETE B4a & B4b**

No..... 2 → **SKIP TO C1**

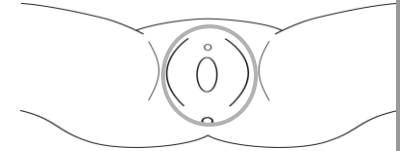
groin_pn12	Frequency	Percent	Cum Freq	Cum Percent
.	60	.	.	.
0: no pain	547	85.34	547	85.34
1: Yes	94	14.66	641	100.00

Frequency Missing = 60



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

DY12_GROIN_A	Frequency	Percent	Cum Freq	Cum Percent
.	600	.	.	.
1: Within circle	57	56.44	57	56.44
2: Within/out of circle	33	32.67	90	89.11
3: Out of circle	11	10.89	101	100.00

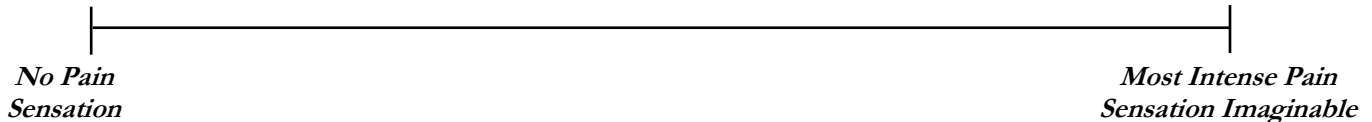


Frequency Missing = 600

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.

Analysis Variable : groin_int12								
N	Miss	Mean	SD	Minimum	Lower Quartile	Median	Upper Quartile	Maximum
635	0	4.6	16.1	0.0	0.0	0.0	0.0	135.0

groin_int12	Frequency	Percent	Cum Freq	Cum Percent
.	66	100.00	66	100.00



Analysis Variable : wstpn_int12									
N	Miss	Mean	SD	Minimum	Lower Quartile	Median	Upper Quartile	Maximum	
638	0	10.3	24.3	0.0	0.0	0.0	7.0	146.0	

wstpn_int12	Frequency	Percent	Cum Freq	Cum Percent
.	63	100.00	63	100.00

Use of Pain Medication: Please write down any prescribed and over-the-counter pain medicines you took in the last 24 hours for pain you believe is due to your incontinence operation.

D1. Did you use pain medicines in the last 24 hours for pain due to your incontinence operation?

Yes..... 1 **↓ COMPLETE THE TABLE BELOW**

No2 **→YOU'RE DONE FOR TODAY**

DY12 PN MED	Frequency	Percent	Cum Freq	Cum Percent
.	466	.	.	.
1	123	52.34	123	52.34
2	112	47.66	235	100.00

Frequency Missing = 466

D2.	A	B	C	D
	<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: Tylenol 3</i>	<i>500mg</i>	<i>3</i>	<i>Headache</i>

YOU'RE DONE FOR TODAY

Day 13 DATE: ___ / ___ / _____ TIME: ___:___ ^{AM}/_{PM} DAY: M T W TH F S Su

Analysis Variable : Day13_date								
N	Miss	Mean	SD	Minimum	Lower Quartile	Median	Upper Quartile	Maximum
628	0	15.0	6.3	11.0	12.0	12.0	13.0	57.0

Day13_date	Frequency	Percent	Cum Freq	Cum Percent
.	73	100.00	73	100.00

RANGE	DAY13_TIMEA
MIN (for non-missing dates)	01:00
MAX	12:56

n_obs
533

DAY13_TIMEB	Frequency	Percent	Cum Freq	Cum Percent
.	167	.	.	.
1: Am	61	11.42	61	11.42
2: Pm	473	88.58	534	100.00

Frequency Missing = 167

DAY13_DAY	Frequency	Percent	Cum Freq	Cum Percent
.	79	.	.	.
1	156	25.08	156	25.08
2	97	15.59	253	40.68
3	98	15.76	351	56.43
4	25	4.02	376	60.45
5	2	0.32	378	60.77
6	121	19.45	499	80.23
7	123	19.77	622	100.00

Frequency Missing = 79

B0. Think back to this time yesterday. Have you had any pain within the last 24 hours as a result of your incontinence operation?

Yes..... 1 ↓ **Complete the Diary today** ↓ No 2 → **You're done for today**

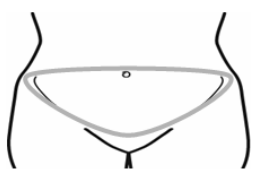
DY13_ANY PAIN	Frequency	Percent	Cum Freq	Cum Percent
.	75	.	.	.
0: No	420	67.09	420	67.09
1: Yes	206	32.91	626	100.00

Frequency Missing = 75

B1. Have you had **lower abdominal pain** in the last 24 hours because of your incontinence operation?

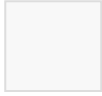
Yes1 ↓ **COMPLETE B1a & B1b** No..... 2 → **SKIP TO B2**

ab_pn13	Frequency	Percent	Cum Freq	Cum Percent
.	78	.	.	.



0:No pain	511	82.02	511	82.02
1	112	17.98	623	100.00

Frequency Missing = 78



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

DY13_AB_A	Frequency	Percent	Cum Freq	Cum Percent
.	584	.	.	.
1: Within circle	74	63.25	74	63.25
2: Within/out of circle	31	26.50	105	89.74
3: Out of circle	12	10.26	117	100.00



Frequency Missing = 584

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

Analysis Variable : ab_int13								
N	Miss	Mean	SD	Minimum	Lower Quartile	Median	Upper Quartile	Maximum
617	0	4.3	14.8	0.0	0.0	0.0	0.0	124.0

ab_int13	Frequency	Percent	Cum Freq	Cum Percent
.	84	100.00	84	100.00

No Pain Sensation

Most Intense Pain Sensation Imaginable

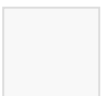
B2. Have you had **inner thigh pain** in the last 24 hours because of your incontinence operation?

Yes1 ↓ **COMPLETE B2a & B2b**

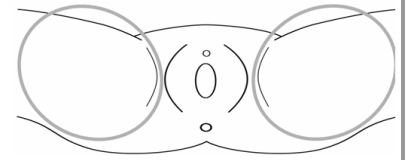
No..... 2 → **SKIP TO B3**

thigh_pn13	Frequency	Percent	Cum Freq	Cum Percent
.	80	.	.	.
0: no pain	563	90.66	563	90.66
1: Yes	58	9.34	621	100.00

Frequency Missing = 80



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



DY13_THIGH_A	Frequency	Percent	Cum Freq	Cum Percent
.	641	.	.	.
1: Within circle	33	55.00	33	55.00
2: Within/out of circle	25	41.67	58	96.67
3: Out of circle	2	3.33	60	100.00

Frequency Missing = 641



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

Analysis Variable : thigh_int13									
N	Miss	Mean	SD	Minimum	Lower Quartile	Median	Upper Quartile	Maximum	
619	0	2.6	12.7	0.0	0.0	0.0	0.0	127.0	

thigh_int13	Frequency	Percent	Cum Freq	Cum Percent
.	82	100.00	82	100.00

No Pain Sensation

Most Intense Pain Sensation Imaginable

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

Yes1 ↓ COMPLETE B3b

No..... 2 → SKIP TO B4

vag_pn13	Frequency	Percent	Cum Freq	Cum Percent
.	81	.	.	.
0: no pain	536	86.45	536	86.45
1: Yes	84	13.55	620	100.00

Frequency Missing = 81



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

Analysis Variable : vag_int13									
N	Miss	Mean	SD	Minimum	Lower Quartile	Median	Upper Quartile	Maximum	
620	0	4.5	15.8	0.0	0.0	0.0	0.0	128.0	

vag_int13	Frequency	Percent	Cum Freq	Cum Percent
.	81	100.00	81	100.00

No Pain Sensation

Most Intense Pain Sensation Imaginable

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

Yes1 ↓ **COMPLETE B4a & B4b**

No..... 2 → **SKIP TO C1**

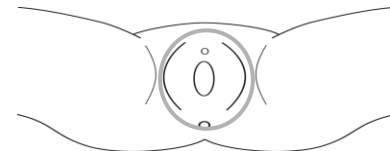
groin_pn13	Frequency	Percent	Cum Freq	Cum Percent
.	81	.	.	.
0: no pain	546	88.06	546	88.06
1: Yes	74	11.94	620	100.00

Frequency Missing = 81



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

DY13_GROIN_A	Frequency	Percent	Cum Freq	Cum Percent
.	614	.	.	.
1: Within circle	47	54.02	47	54.02
2: Within/out of circle	24	27.59	71	81.61
3: Out of circle	16	18.39	87	100.00



Frequency Missing = 614

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.

Analysis Variable : groin_int13								
N	Miss	Mean	SD	Minimum	Lower Quartile	Median	Upper Quartile	Maximum
617	0	4.2	16.3	0.0	0.0	0.0	0.0	131.0

groin_int13	Frequency	Percent	Cum Freq	Cum Percent
.	84	100.00	84	100.00



Analysis Variable : wstpn_int13									
N	Miss	Mean	SD	Minimum	Lower Quartile	Median	Upper Quartile	Maximum	
619	0	9.0	22.5	0.0	0.0	0.0	4.0	146.0	

wstpn_int13	Frequency	Percent	Cum Freq	Cum Percent
.	82	100.00	82	100.00

Use of Pain Medication: Please write down any prescribed and over-the-counter pain medicines you took in the last 24 hours for pain you believe is due to your incontinence operation.

D1. Did you use pain medicines in the last 24 hours for pain due to your incontinence operation?

Yes..... 1 **↓ COMPLETE THE TABLE BELOW**

No2 **→YOU'RE DONE FOR TODAY**

DY13 PN MED	Frequency	Percent	Cum Freq	Cum Percent
.	496	.	.	.
1	99	48.29	99	48.29
2	106	51.71	205	100.00

Frequency Missing = 496

D2.	A	B	C	D
	<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: Tylenol 3</i>	<i>500mg</i>	<i>3</i>	<i>Headache</i>

YOU'RE DONE FOR TODAY

Day 14 DATE: ___ / ___ / _____ TIME: ___:___ ^{AM}/_{PM} DAY: M T W TH F S Su

Analysis Variable : Day14_date								
N	Miss	Mean	SD	Minimum	Lower Quartile	Median	Upper Quartile	Maximum
568	0	16.2	6.5	12.0	13.0	13.0	14.0	58.0

Day14_date	Frequency	Percent	Cum Freq	Cum Percent
.	133	100.00	133	100.00

RANGE	DAY14_TIMEA
MIN (for non-missing dates)	01:00
MAX	12:30

n_obs
490

DAY14_TIMEB	Frequency	Percent	Cum Freq	Cum Percent
.	216	.	.	.
1: Am	63	12.99	63	12.99
2: Pm	422	87.01	485	100.00

Frequency Missing = 216

DAY14_DAY	Frequency	Percent	Cum Freq	Cum Percent
.	138	.	.	.
1	113	20.07	113	20.07
2	138	24.51	251	44.58
3	80	14.21	331	58.79
4	88	15.63	419	74.42
5	23	4.09	442	78.51
6	2	0.36	444	78.86
7	119	21.14	563	100.00

Frequency Missing = 138

B0. Think back to this time yesterday. Have you had any pain within the last 24 hours as a result of your incontinence operation?

Yes..... 1 ↓ **Complete the Diary today** ↓ No..... 2 → **You're done for today**

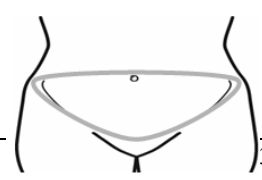
DY14_ANY_PAIN	Frequency	Percent	Cum Freq	Cum Percent
.	134	.	.	.
0: No	393	69.31	393	69.31
1: Yes	174	30.69	567	100.00

Frequency Missing = 134

B1. Have you had **lower abdominal pain** in the last 24 hours because of your incontinence operation?

Yes 1 ↓ **COMPLETE B1a & B1b** No..... 2 → **SKIP TO B2**

ab_pn14	Frequency	Percent	Cum Freq	Cum Percent
---------	-----------	---------	----------	-------------



.	137	.	.	.
0: no pain	464	82.27	464	82.27
1: Yes	100	17.73	564	100.00

Frequency Missing = 137

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



DY14_AB_A	Frequency	Percent	Cum Freq	Cum Percent
.	595	.	.	.
1: Within circle	76	71.70	76	71.70
2: Within/out of circle	23	21.70	99	93.40
3: Out of circle	7	6.60	106	100.00



Frequency Missing = 595

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

Analysis Variable : ab_int14								
N	Miss	Mean	SD	Minimum	Lower Quartile	Median	Upper Quartile	Maximum
558	0	4.8	16.1	0.0	0.0	0.0	0.0	116.0

ab_int14	Frequency	Percent	Cum Freq	Cum Percent
.	143	100.00	143	100.00

*No Pain
Sensation*

*Most Intense Pain
Sensation Imaginable*

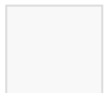
B2. Have you had **inner thigh pain** in the last 24 hours because of your incontinence operation?

Yes1 ↓ **COMPLETE B2a & B2b**

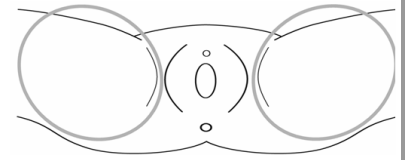
No..... 2 → **SKIP TO B3**

thigh_pn14	Frequency	Percent	Cum Freq	Cum Percent
.	136	.	.	.
0: no pain	519	91.86	519	91.86
1: Yes	46	8.14	565	100.00

Frequency Missing = 136



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



DY14_THIGH_A	Frequency	Percent	Cum Freq	Cum Percent
.	653	.	.	.
1: Within circle	26	54.17	26	54.17
2: Within/out of circle	20	41.67	46	95.83
3: Out of circle	2	4.17	48	100.00

Frequency Missing = 653

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

Analysis Variable : thigh_int14									
N	Miss	Mean	SD	Minimum	Lower Quartile	Median	Upper Quartile	Maximum	
564	0	2.3	11.7	0.0	0.0	0.0	0.0	111.0	

thigh_int14	Frequency	Percent	Cum Freq	Cum Percent
.	137	100.00	137	100.00

No Pain
Sensation

Most Intense Pain
Sensation Imaginable

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

Yes1 ↓ COMPLETE B3b

No..... 2 → SKIP TO B4

vag_pn14	Frequency	Percent	Cum Freq	Cum Percent
.	136	.	.	.
0: no pain	484	85.66	484	85.66
1: Yes	81	14.34	565	100.00

Frequency Missing = 136

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

Analysis Variable : vag_int14									
N	Miss	Mean	SD	Minimum	Lower Quartile	Median	Upper Quartile	Maximum	
565	0	4.5	15.7	0.0	0.0	0.0	0.0	137.0	

vag_int14	Frequency	Percent	Cum Freq	Cum Percent
.	136	100.00	136	100.00

No Pain
Sensation

Most Intense Pain
Sensation Imaginable

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

Yes1 **↓ COMPLETE B4a & B4b**

No..... 2 **→ SKIP To C1**

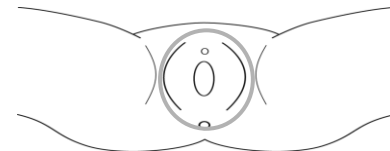
groin_pn14	Frequency	Percent	Cum Freq	Cum Percent
.	136	.	.	.
0: no pain	494	87.43	494	87.43
1: Yes	71	12.57	565	100.00

Frequency Missing = 136



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

DY14_GROIN_A	Frequency	Percent	Cum Freq	Cum Percent
.	624	.	.	.
1: Within circle	40	51.95	40	51.95
2: Within/out of circle	29	37.66	69	89.61
3: Out of circle	8	10.39	77	100.00



Frequency Missing = 624

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.

Analysis Variable : groin_int14								
N	Miss	Mean	SD	Minimum	Lower Quartile	Median	Upper Quartile	Maximum
564	0	4.2	16.4	0.0	0.0	0.0	0.0	134.0

groin_int14	Frequency	Percent	Cum Freq	Cum Percent
.	137	100.00	137	100.00



Analysis Variable : wstpn_int14									
N	Miss	Mean	SD	Minimum	Lower Quartile	Median	Upper Quartile	Maximum	
563	0	9.0	22.4	0.0	0.0	0.0	3.0	135.0	

wstpn_int14	Frequency	Percent	Cum Freq	Cum Percent
.	138	100.00	138	100.00

Use of Pain Medication: Please write down any prescribed and over-the-counter pain medicines you took in the last 24 hours for pain you believe is due to your incontinence operation.

D1. Did you use pain medicines in the last 24 hours for pain due to your incontinence operation?

Yes..... 1 **↓ COMPLETE THE TABLE BELOW**

No2 **→YOU'RE DONE FOR TODAY**

DY14 PN MED	Frequency	Percent	Cum Freq	Cum Percent
.	527	.	.	.
1	77	44.25	77	44.25
2	97	55.75	174	100.00

Frequency Missing = 527

D2.	A	B	C	D
	<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: Tylenol 3</i>	<i>500mg</i>	<i>3</i>	<i>Headache</i>

YOU'RE DONE FOR TODAY

Day 15 DATE: ___ / ___ / _____ TIME: ___:___ ^{AM}/_{PM} DAY: M T W TH F S Su

Analysis Variable : Day15_date									
N	Miss	Mean	SD	Minimum	Lower Quartile	Median	Upper Quartile	Maximum	
449	0	17.5	6.7	5.0	14.0	14.0	15.0	59.0	

Day15_date	Frequency	Percent	Cum Freq	Cum Percent
.	252	100.00	252	100.00

RANGE	DAY15_TIMEA
MIN (for non-missing dates)	01:00
MAX	12:50

n_obs
374

DAY15_TIMEB	Frequency	Percent	Cum Freq	Cum Percent
.	328	.	.	.
1: Am	55	14.75	55	14.75
2: Pm	318	85.25	373	100.00

Frequency Missing = 328

DAY15_DAY	Frequency	Percent	Cum Freq	Cum Percent
.	257	.	.	.
1	102	22.97	102	22.97
2	91	20.50	193	43.47
3	109	24.55	302	68.02
4	66	14.86	368	82.88
5	59	13.29	427	96.17
6	16	3.60	443	99.77
7	1	0.23	444	100.00

Frequency Missing = 257

B0. Think back to this time yesterday. Have you had any pain within the last 24 hours as a result of your incontinence operation?

Yes..... 1 ↓ **Complete the Diary today** ↓ No 2 → **You're done for today**

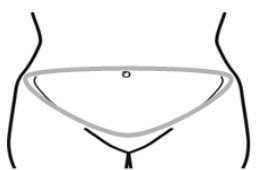
DY15_ANY PAIN	Frequency	Percent	Cum Freq	Cum Percent
.	255	.	.	.
0: No	325	72.87	325	72.87
1: Yes	121	27.13	446	100.00

Frequency Missing = 255

B1. Have you had **lower abdominal pain** in the last 24 hours because of your incontinence operation?

Yes1 ↓ **COMPLETE B1a & B1b** No..... 2 → **SKIP TO B2**

ab_pn15	Frequency	Percent	Cum Freq	Cum Per
.	256	.	.	.



0: no pain	366	82.25	366	82.25
1: Yes	79	17.75	445	100.00

Frequency Missing = 256



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

DY15_AB_A	Frequency	Percent	Cum Freq	Cum Percent
.	620	.	.	.
1: Within circle	57	70.37	57	70.37
2: Within/out of circle	19	23.46	76	93.83
3: Out of circle	5	6.17	81	100.00

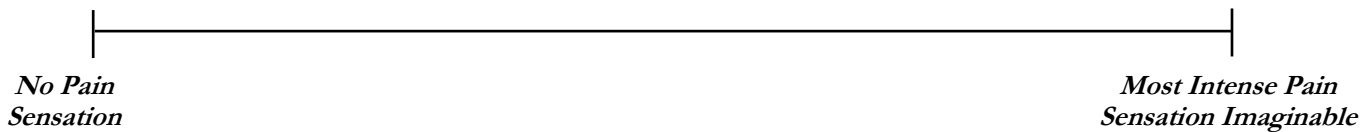


Frequency Missing = 620

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

Analysis Variable : ab_int15								
N	Miss	Mean	SD	Minimum	Lower Quartile	Median	Upper Quartile	Maximum
438	0	4.3	14.7	0.0	0.0	0.0	0.0	133.0

ab_int15	Frequency	Percent	Cum Freq	Cum Percent
.	263	100.00	263	100.00



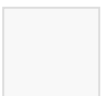
B2. Have you had **inner thigh pain** in the last 24 hours because of your incontinence operation?

Yes1 ↓ **COMPLETE B2a & B2b**

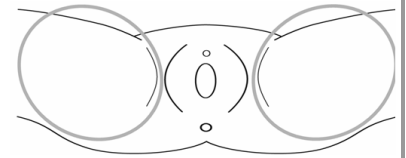
No..... 2 → **SKIP TO B3**

thigh_pn15	Frequency	Percent	Cum Freq	Cum Percent
.	256	.	.	.
0: no pain	408	91.69	408	91.69
1: Yes	37	8.31	445	100.00

Frequency Missing = 256



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



DY15_THIGH_A	Frequency	Percent	Cum Freq	Cum Percent
.	661	.	.	.
1: Within circle	24	60.00	24	60.00
2: Within/out of circle	13	32.50	37	92.50
3: Out of circle	3	7.50	40	100.00

Frequency Missing = 661

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

Analysis Variable : thigh_int15									
N	N Miss	Mean	SD	Minimum	Lower Quartile	Median	Upper Quartile	Maximum	
442	0	2.0	10.4	0.0	0.0	0.0	0.0	104.	

thigh_int15	Frequency	Percent	Cum Freq	Cum Percent
.	259	100.00	259	100.00

*No Pain
Sensation*

*Most Intense Pain
Sensation Imaginable*

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

Yes1 ↓ **COMPLETE B3b**

No..... 2 → **SKIP TO B4**

vag_pn15	Frequency	Percent	Cum Freq	Cum Percent
.	256	.	.	.
0: no pain	389	87.42	389	87.42
1: Yes	56	12.58	445	100.00

Frequency Missing = 256

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

Analysis Variable : vag_int15									
N	N Miss	Mean	SD	Minimum	Lower Quartile	Median	Upper Quartile	Maximum	
444	0	3.4	12.8	0.0	0.0	0.0	0.0	130.0	

vag_int15	Frequency	Percent	Cum Freq	Cum Percent
.	257	100.00	257	100.00

*No Pain
Sensation*

*Most Intense Pain
Sensation Imaginable*

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

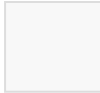
because of your incontinence operation?

Yes1 ↓ **COMPLETE B4a & B4b**

No..... 2 → **SKIP TO C1**

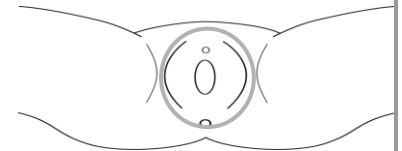
groin_pn15	Frequency	Percent	Cum Freq	Cum Percent
.	256	.	.	.
0: no pain	395	88.76	395	88.76
1: Yes	50	11.24	445	100.00

Frequency Missing = 256



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

DY15_GROIN_A	Frequency	Percent	Cum Freq	Cum Percent
.	645	.	.	.
1: Within circle	29	51.79	29	51.79
2: Within/out of circle	20	35.71	49	87.50
3: Out of circle	7	12.50	56	100.00

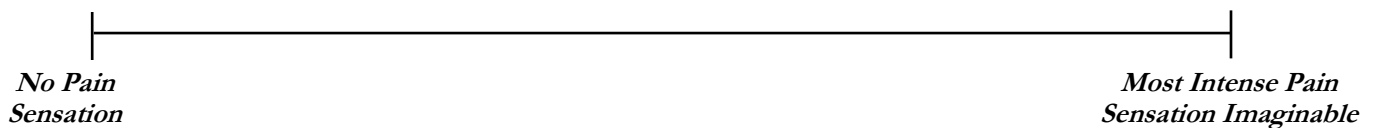


Frequency Missing = 645

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.

Analysis Variable : groin_int15								
N	Miss	Mean	SD	Minimum	Lower Quartile	Median	Upper Quartile	Maximum
443	0	3.3	14.0	0.0	0.0	0.0	0.0	134.0

groin_int15	Frequency	Percent	Cum Freq	Cum Percent
.	258	100.00	258	100.00



Analysis Variable : wstpn_int15									
N	Miss	Mean	SD	Minimum	Lower Quartile	Median	Upper Quartile	Maximum	
444	0	7.8	21.3	0.0	0.0	0.0	0.0	142.0	

wstpn_int15	Frequency	Percent	Cum Freq	Cum Percent
.	257	100.00	257	100.00

Use of Pain Medication: Please write down any prescribed and over-the-counter pain medicines you took in the last 24 hours for pain you believe is due to your incontinence operation.

D1. Did you use pain medicines in the last 24 hours for pain due to your incontinence operation?

Yes..... 1 **↓ COMPLETE THE TABLE BELOW**

No2 **→YOU'RE DONE FOR TODAY**

DY15 PN MED	Frequency	Percent	Cum Freq	Cum Percent
.	581	.	.	.
1	56	46.67	56	46.67
2	64	53.33	120	100.00

Frequency Missing = 581

D2.	A	B	C	D
	<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: Tylenol 3</i>	<i>500mg</i>	<i>3</i>	<i>Headache</i>

YOU'RE DONE FOR TODAY

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