

# F328

## FOLLOW-UP PAIN QUESTIONNAIRE

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

For this Pain Questionnaire, we want you to tell us about only the pain you have had within the last 24 hours that you believe is due to your incontinence operation.

Think about what time it is now, then think back over the last 24 hours. This is the very specific 24-hour time period we are interested in.

If you have any questions, the Research Nurse can help you.

DO NOT PRINT/CONTACT NERI  
COPIES

**F328, version 03/27/06 (A)\_rev01/09/07**

Section A: General Study Information for Office Use Only

<p>A1. <input style="width: 100px; height: 20px;" type="text" value="ID#: Label"/></p>	<p>A2. Visit #</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 33%;">F/U 2 weeks .....TF2W</td> <td style="width: 33%;">F/U 12 Months ....TF12</td> </tr> <tr> <td>F/U 6 Weeks .....TF6W</td> <td>F/U 24 Months ....TF24</td> </tr> <tr> <td>F/U 6 Months .....TF06</td> <td>Failure .....TFAI</td> </tr> </table>	F/U 2 weeks .....TF2W	F/U 12 Months ....TF12	F/U 6 Weeks .....TF6W	F/U 24 Months ....TF24	F/U 6 Months .....TF06	Failure .....TFAI
F/U 2 weeks .....TF2W	F/U 12 Months ....TF12						
F/U 6 Weeks .....TF6W	F/U 24 Months ....TF24						
F/U 6 Months .....TF06	Failure .....TFAI						
<p>A3. Interviewer's ID: _____</p>	<p>A4. Date Patient Completed: _____ / _____ / _____  <small>Month Day Year</small></p>						
<p>A5. Coder's ID: _____</p>	<p>A6. Date Coded: _____ / _____ / _____  <small>Month Day Year</small></p>						
<p>A7. Form Version:    English..... 1    Spanish..... 2</p>							

VISIT	Frequency	Percent	Cumulative Frequency	Cumulative Percent
TF06	550	20.11	550	20.11
TF12	533	19.49	1083	39.60
TF24	474	17.33	1557	56.93
TF2W	588	21.50	2145	78.43
TF6W	589	21.54	2734	99.96
TFAI	1	0.04	2735	100.00

FORM LANG	Frequency	Percent	Cumulative Frequency	Cumulative Percent
1	2723	99.56	2723	99.56
2	12	0.44	2735	100.00

Analysis Variable : DAYS								
N	N Miss	Mean	Std Dev	Minimum	Lower Quartile	Median	Upper Quartile	Maximum
2735	0	256.4	262.2	8.0	38.0	181.0	384.0	998.0

Analysis Variable : CODE_DAYS								
N	N Miss	Mean	Std Dev	Minimum	Lower Quartile	Median	Upper Quartile	Maximum
2735	0	257.4	262.5	8.0	39.0	181.0	385.0	1040.0

PRINT/CONTACT FOR COPIES

## Body Maps:

**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 ↓ Continue

No ..... 2 → Skip to C1

ANY_PAIN_SRG	Frequency	Percent	Cumulative Frequency	Cumulative Percent
1	262	9.58	262	9.58
2	2473	90.42	2735	100.00

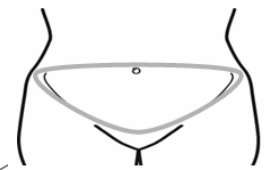
**B1.** Have you had **lower abdominal pain** in the last 24 hours because of your incontinence operation?

Yes..... 1 ↓ COMPLETE B1a & B1b

No .....2 → SKIP TO B2

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

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



No Pain Sensation

Most Intense Pain Sensation Imaginable

AB_PAIN	Frequency	Percent	Cumulative Frequency	Cumulative Percent
.	2473	.	.	.
1	150	57.25	150	57.25
2	112	42.75	262	100.00

Frequency Missing = 2473

AB_PAIN_A	Frequency	Percent	Cumulative Frequency	Cumulative Percent
.	2587	.	.	.
1	112	75.68	112	75.68
2	31	20.95	143	96.62
3	5	3.38	148	100.00

Frequency Missing = 2587

Analysis Variable : AB_PAIN_B								
N	N Miss	Mean	Std Dev	Minimum	Lower Quartile	Median	Upper Quartile	Maximum
149	0	33.5	34.3	1.0	9.0	19.0	49.0	150.0

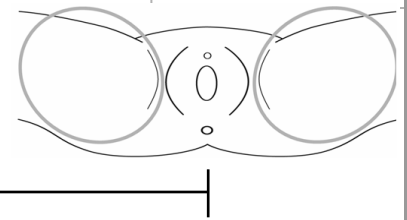
AB_PAIN_B	Frequency	Percent	Cumulative Frequency	Cumulative Percent
.	2586	100.00	2586	100.00

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

Yes..... 1 ↓ COMPLETE B2a & B2b

No .....2 → SKIP TO B3

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



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



*No Pain  
Sensation*

*Most Intense Pain  
Sensation Imaginable*

THIGH_PAIN	Frequency	Percent	Cumulative Frequency	Cumulative Percent
.	2474	.	.	.
1	87	33.33	87	33.33
2	174	66.67	261	100.00

Frequency Missing = 2474

THIGH_PAIN_A	Frequency	Percent	Cumulative Frequency	Cumulative Percent
.	2648	.	.	.
1	59	67.82	59	67.82
2	25	28.74	84	96.55
3	3	3.45	87	100.00

Frequency Missing = 2648

Analysis Variable : THIGH_PAIN_B								
N	Miss	Mean	Std Dev	Minimum	Lower Quartil e	Median	Upper Quartil e	Maximum
87	0	34.9	35.7	0.0	8.0	19.0	58.0	149.0

THIGH_PAIN_B	Frequency	Percent	Cumulative Frequency	Cumulative Percent
.	2648	100.00	2648	100.00

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

Yes.....1 ↓ **COMPLETE B3b**

No.....2 → **SKIP TO B4**



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

*No Pain  
Sensation*

*Most Intense Pain  
Sensation Imaginable*

VAG_PAIN	Frequency	Percent	Cumulative Frequency	Cumulative Percent
.	2474	.	.	.
1	96	36.78	96	36.78
2	165	63.22	261	100.00

Frequency Missing = 2474

Analysis Variable : VAG_PAIN_B								
N	N Miss	Mean	Std Dev	Minimum	Lower Quartile	Median	Upper Quartile	Maximum
97	0	28.7	30.0	0.0	7.0	19.0	40.0	150.0

VAG_PAIN_B	Frequency	Percent	Cumulative Frequency	Cumulative Percent
.	2638	100.00	2638	100.00

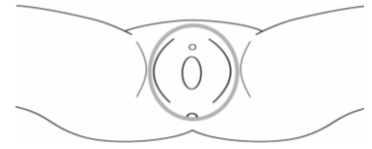
DO NOT PRINT/CONTACT NERI FOR COPIES

**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?

Yes.....1 ↓ **COMPLETE B4a & B4b.**

No.....2 → **SKIP TO B5**

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




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

No Pain Sensation

Most Intense Pain Sensation Imaginable

gROIN_PAIN	Frequency	Percent	Cumulative Frequency	Cumulative Percent
.	2474	.	.	.
1	89	34.10	89	34.10
2	172	65.90	261	100.00

Frequency Missing = 2474

GROIN_PAIN_A	Frequency	Percent	Cumulative Frequency	Cumulative Percent
.	2649	.	.	.
1	47	54.65	47	54.65
2	24	27.91	71	82.56
3	15	17.44	86	100.00

Frequency Missing = 2649

Analysis Variable : GROIN_PAIN_B								
N	N Miss	Mean	Std Dev	Minimum	Lower Quartile	Median	Upper Quartile	Maximum
88	0	34.6	36.8	0.0	8.0	22.0	51.0	150.0

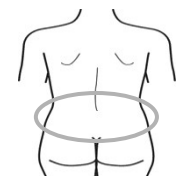
GROIN_PAIN_B	Frequency	Percent	Cumulative Frequency	Cumulative Percent
.	2647	100.00	2647	100.00

**B5.** Have you had **lower back pain** in the last 24 hours because of your incontinence operation?

Yes.....1 ↓ **COMPLETE B5a & B5b.**

No.....2 → **SKIP TO B6**

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




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

*No Pain Sensation* *Most Intense Pain Sensation Imaginable*

BACK_PAIN	Frequency	Percent	Cumulative Frequency	Cumulative Percent
.	2473	.	.	.
1	73	27.86	73	27.86
2	189	72.14	262	100.00

Frequency Missing = 2473

BACK_PAIN_A	Frequency	Percent	Cumulative Frequency	Cumulative Percent
.	2663	.	.	.
1	60	83.33	60	83.33
2	11	15.28	71	98.61
3	1	1.39	72	100.00

Frequency Missing = 2663

Analysis Variable : BACK_PAIN_B								
N	N Miss	Mean	Std Dev	Minimum	Lower Quartile	Median	Upper Quartile	Maximum
72	0	50.1	39.7	2.0	20.5	36.0	76.5	144.0

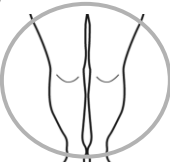
BACK_PAIN_B	Frequency	Percent	Cumulative Frequency	Cumulative Percent
.	2663	100.00	2663	100.00

**B6.** Have you had **front leg pain** in the last 24 hours because of your incontinence operation?

Yes.....1 ↓ **COMPLETE B6a & B6b.** No.....2 → **SKIP TO B7**

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

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



*No Pain Sensation*

*Most Intense Pain Sensation Imaginable*

FLEG_PAIN	Frequency	Percent	Cumulative Frequency	Cumulative Percent
.	2474	.	.	.
1	36	13.79	36	13.79
2	225	86.21	261	100.00

Frequency Missing = 2474

FLEG_PAIN A	Frequency	Percent	Cumulative Frequency	Cumulative Percent
.	2700	.	.	.
1	33	94.29	33	94.29
2	2	5.71	35	100.00

Frequency Missing = 2700

Analysis Variable : FLEG_PAIN_B								
N	N Miss	Mean	Std Dev	Minimum	Lower Quartile	Median	Upper Quartile	Maximum
37	0	39.8	29.1	0.0	16.0	37.0	51.0	129.0

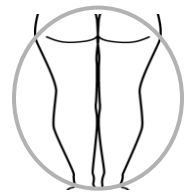
FLEG_PAIN_B	Frequency	Percent	Cumulative Frequency	Cumulative Percent
.	2698	100.00	2698	100.00

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

Yes.....1 **↓ COMPLETE B7a & B7b.** No.....2 **→ SKIP TO C1**

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

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



DO NOT CONTACT NERI  
 PRINTING CONTACT NERI  
 FOR COPIES



BLEG_PAIN	Frequency	Percent	Cumulative Frequency	Cumulative Percent
.	2474	.	.	.
1	51	19.54	51	19.54
2	210	80.46	261	100.00

Frequency Missing = 2474

BLEG_PAIN A	Frequency	Percent	Cumulative Frequency	Cumulative Percent
.	2686	.	.	.
1	48	97.96	48	97.96
2	1	2.04	49	100.00

Frequency Missing = 2686

Analysis Variable : BLEG_PAIN_B								
N	N Miss	Mean	Std Dev	Minimum	Lower Quartile	Median	Upper Quartile	Maximum
52	0	44.9	34.9	0.0	16.5	40.0	66.5	129.0

BLEG_PAIN_B	Frequency	Percent	Cumulative Frequency	Cumulative Percent
.	2683	100.00	2683	100.00

DO NOT PRINT/CONTACT NERI FOR COPIES

**Use of Pain Medication:** Please write down all 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**

No.....2 → **GO TO END**

PAIN_MED	Frequency	Percent	Cumulative Frequency	Cumulative Percent
1	126	4.61	126	4.61
2	2609	95.39	2735	100.00

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>
	1			
	2			
	3			

**Thank you for completing the Pain Questionnaire**