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UITN
TOMUS

F328

FOLLOW-UP PAIN QUESTIONNAIRE

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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.

F328, version 03/27/06 (A)_rev01/09/07
Section A: General Study Information for Office Use Only

A1. ID#: Label

A2. Visit #
F/U 2 weeks.....TF2W
F/U 6 Weeks.....TF6W
F/U 6 Months.....TF06
F/U 12 Months....TF12
F/U 24 Months....TF24
Failure.....TFAI

A3. Interviewer's ID: ____ ____ ____

A4. Date Patient Completed: ___ ___/___ ___ /___ ___ ___ ___
Month Day Year

A5. Coder's ID: ____ ____ ____

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

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

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

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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?**

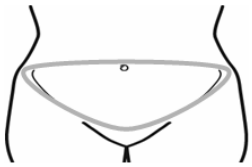
Yes..... 1 ➔ **Continue** No ..... 2 ➔ **Skip to C1**

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**

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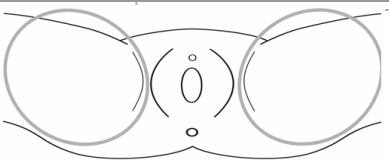
B2a. If yes, mark an "X" on the picture at the location of the pain. ➔



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	N Miss	Mean	Std Dev	Minimum	Lower Quartile	Median	Upper Quartile	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

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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

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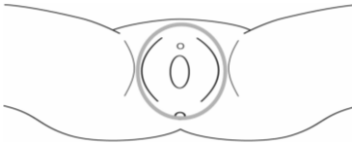
B4. Have you had pain in the area **outside your vagina but inside the thigh crease** in the last 24 hours because of your incontinence operation?

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

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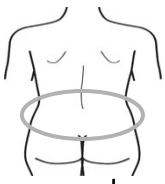
B5. Have you had **lower back pain** in the last 24 hours because of your incontinence operation?

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.

Affix ID Label

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

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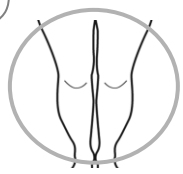
B6. Have you had **front leg pain** in the last 24 hours because of your incontinence operation?

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.

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

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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

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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***
	Name of Pain Medicine	***Dose of each pill/capsule***	***Total # of pills /capsules in last 24 hours***	***For what pain***
	Example: Tylenol 3	*500mg*	*3*	*Headache*
	1			
	2			
	3			

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Thank you for completing the Pain Questionnaire