



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

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: _____

A8. Form Version English.....1 Spanish2

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

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**

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

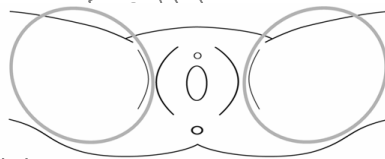
Most Intense Pain Sensation Imaginable

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

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

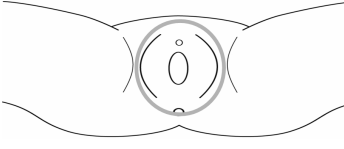
Most Intense Pain Sensation Imaginable

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 C1**

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

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

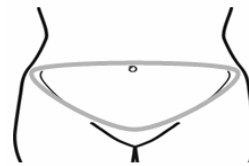
Yes..... 1 ↓ **Complete the Diary today** ↓ No..... 2 → **You're done for today**

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

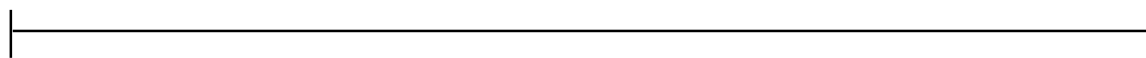
Yes 1 ↓ **COMPLETE B1a & B1b**

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

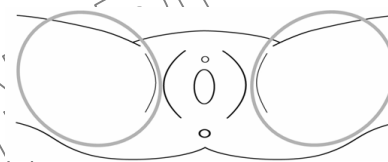
Most Intense Pain Sensation Imaginable

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

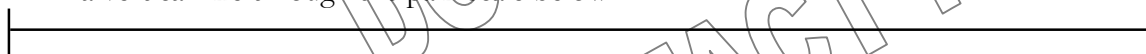
Yes 1 ↓ **COMPLETE B2a & B2b**

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

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

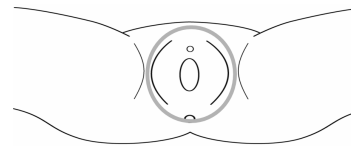
Most Intense Pain Sensation Imaginable

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?

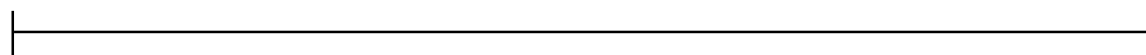
Yes 1 ↓ **COMPLETE B4a & B4b**

No..... 2 → **SKIP TO C1**

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

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

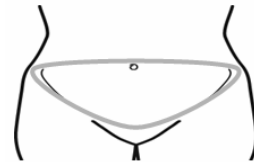
Yes..... 1 ↓ **Complete the Diary today** ↓ No..... 2 → **You're done for today**

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

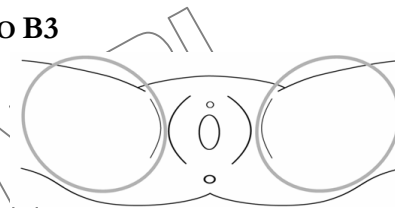
Most Intense Pain Sensation Imaginable

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

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

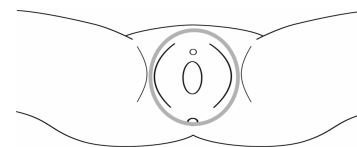
Most Intense Pain Sensation Imaginable

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 C1**

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

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

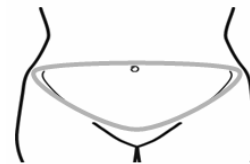
Yes..... 1 ↓ **Complete the Diary today** ↓ No..... 2 → **You're done for today**

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

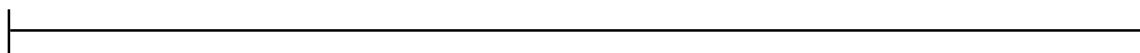
Yes 1 ↓ **COMPLETE B1a & B1b**

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

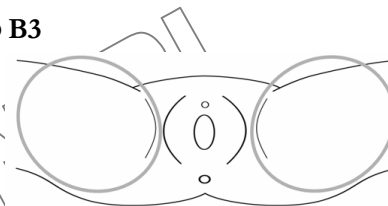
Most Intense Pain Sensation Imaginable

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

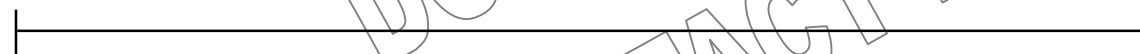
Yes 1 ↓ **COMPLETE B2a & B2b**

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

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

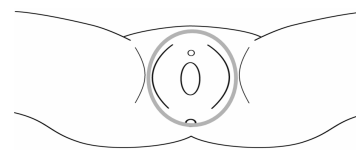
Most Intense Pain Sensation Imaginable

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?

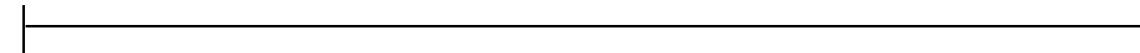
Yes 1 ↓ **COMPLETE B4a & B4b**

No..... 2 → **SKIP TO C1**

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

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

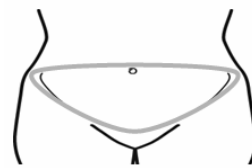
Yes..... 1 ↓ **Complete the Diary today** ↓ No..... 2 → **You're done for today**

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

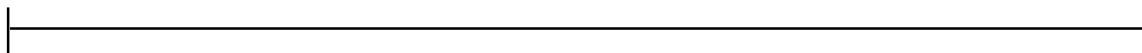
Yes 1 ↓ **COMPLETE B1a & B1b**

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

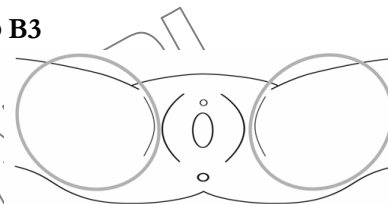
Most Intense Pain Sensation Imaginable

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

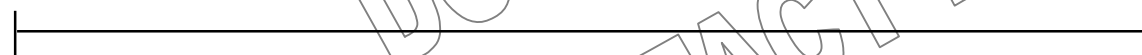
Yes 1 ↓ **COMPLETE B2a & B2b**

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

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

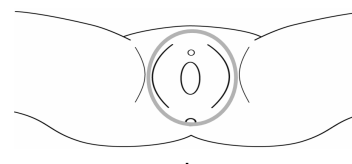
Most Intense Pain Sensation Imaginable

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?

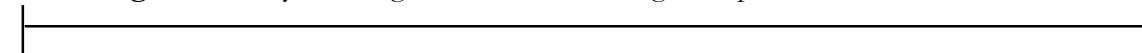
Yes 1 ↓ **COMPLETE B4a & B4b**

No..... 2 → **SKIP TO C1**

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

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

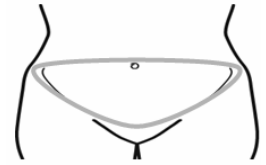
Yes..... 1 ↓ **Complete the Diary today** ↓ No..... 2 → **You're done for today**

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

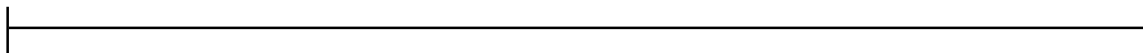
Yes 1 ↓ **COMPLETE B1a & B1b**

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

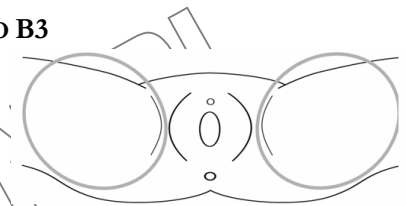
Most Intense Pain Sensation Imaginable

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

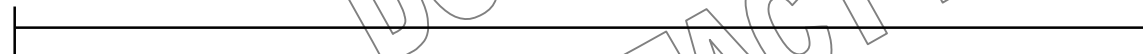
Yes 1 ↓ **COMPLETE B2a & B2b**

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

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

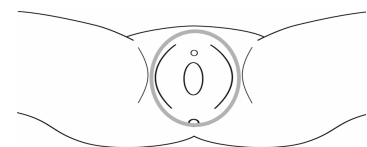
Most Intense Pain Sensation Imaginable

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?

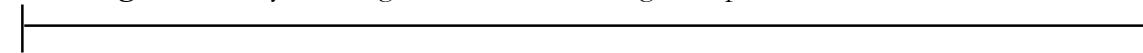
Yes 1 ↓ **COMPLETE B4a & B4b**

No..... 2 → **SKIP TO C1**

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

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

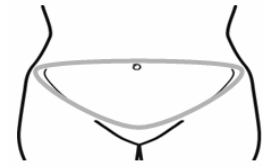
Yes..... 1 ↓ **Complete the Diary today** ↓ No..... 2 → **You're done for today**

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

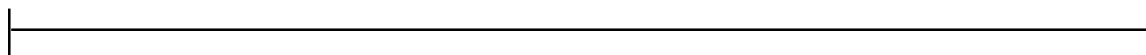
Yes 1 ↓ **COMPLETE B1a & B1b**

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

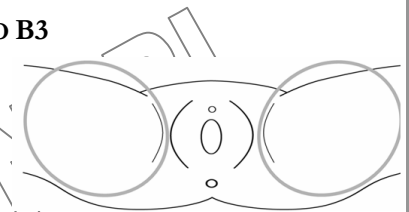
Most Intense Pain Sensation Imaginable

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

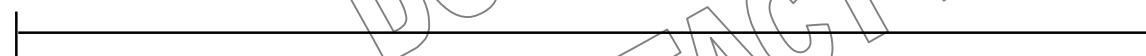
Yes 1 ↓ **COMPLETE B2a & B2b**

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

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

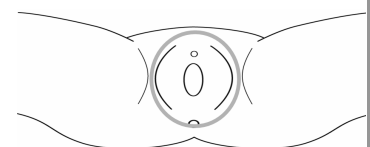
Most Intense Pain Sensation Imaginable

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?

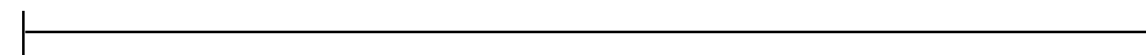
Yes 1 ↓ **COMPLETE B4a & B4b**

No..... 2 → **SKIP TO C1**

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

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

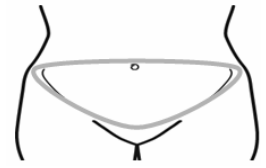
Yes..... 1 ↓ **Complete the Diary today** ↓ No..... 2 → **You're done for today**

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

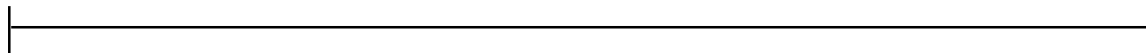
Yes 1 ↓ **COMPLETE B1a & B1b**

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

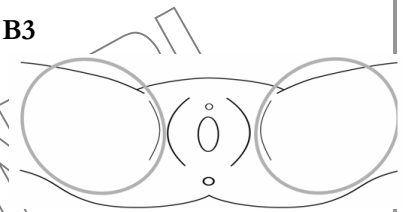
Most Intense Pain Sensation Imaginable

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

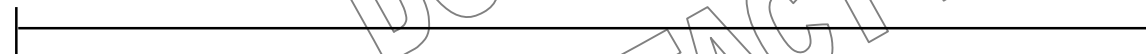
Yes 1 ↓ **COMPLETE B2a & B2b**

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

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

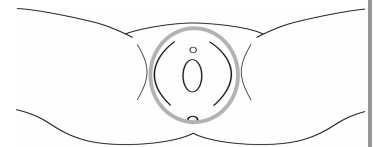
Most Intense Pain Sensation Imaginable

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?

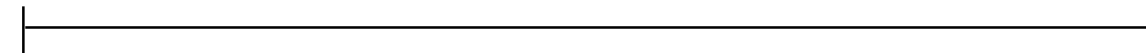
Yes 1 ↓ **COMPLETE B4a & B4b**

No..... 2 → **SKIP TO C1**

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

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

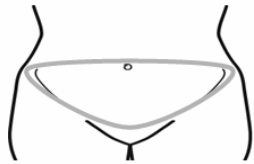
Yes..... 1 ↓ **Complete the Diary today** ↓ No..... 2 → **You're done for today**

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.



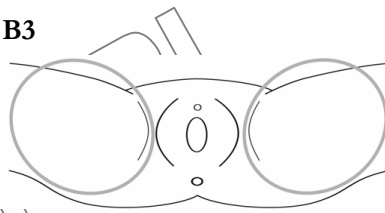
No Pain Sensation
Most Intense Pain Sensation Imaginable

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

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.

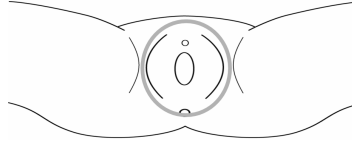
No Pain Sensation
Most Intense Pain Sensation Imaginable

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 C1**

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

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

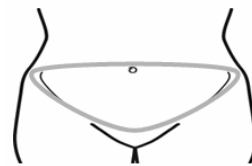
Yes..... 1 ↓ **Complete the Diary today** ↓ No..... 2 → **You're done for today**

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

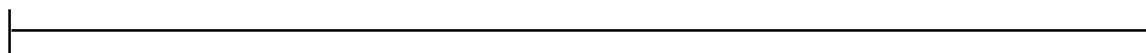
Yes 1 ↓ **COMPLETE B1a & B1b**

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

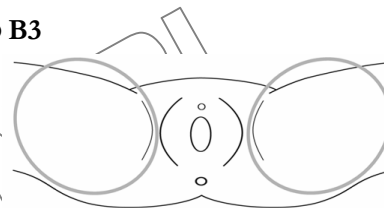
Most Intense Pain Sensation Imaginable

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

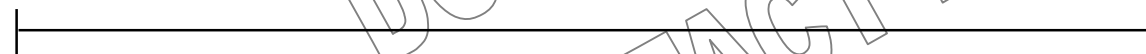
Yes 1 ↓ **COMPLETE B2a & B2b**

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

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

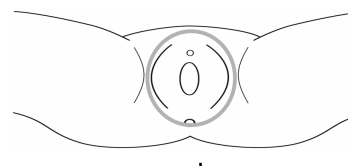
Most Intense Pain Sensation Imaginable

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?

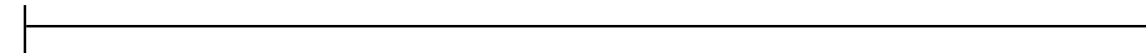
Yes 1 ↓ **COMPLETE B4a & B4b**

No..... 2 → **SKIP TO C1**

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

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

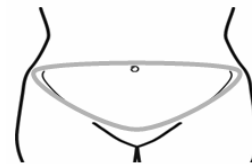
Yes..... 1 ↓ **Complete the Diary today** ↓ No..... 2 → **You're done for today**

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

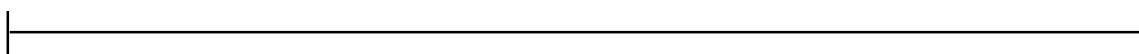
Yes 1 ↓ **COMPLETE B1a & B1b**

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

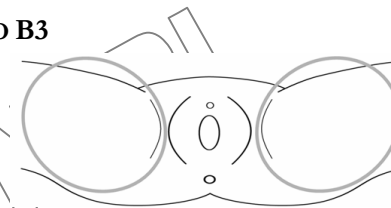
Most Intense Pain Sensation Imaginable

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

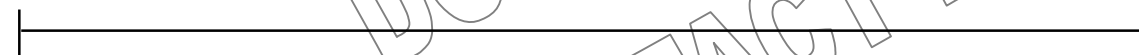
Yes 1 ↓ **COMPLETE B2a & B2b**

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

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

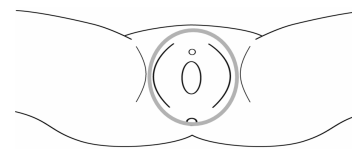
Most Intense Pain Sensation Imaginable

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?

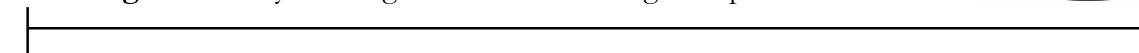
Yes 1 ↓ **COMPLETE B4a & B4b**

No..... 2 → **SKIP TO C1**

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

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

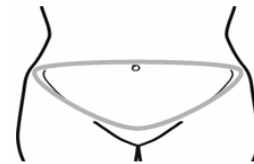
Yes..... 1 ↓ **Complete the Diary today** ↓ No..... 2 → **You're done for today**

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

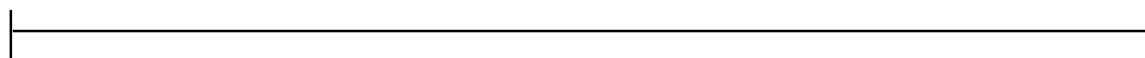
Yes 1 ↓ **COMPLETE B1a & B1b**

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

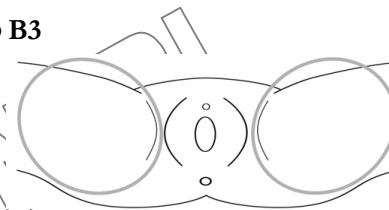
Most Intense Pain Sensation Imaginable

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

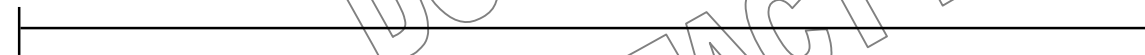
Yes 1 ↓ **COMPLETE B2a & B2b**

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

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

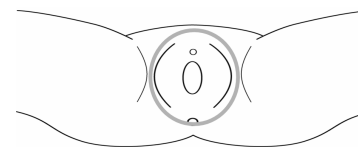
Most Intense Pain Sensation Imaginable

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?

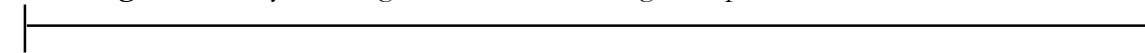
Yes 1 ↓ **COMPLETE B4a & B4b**

No..... 2 → **SKIP TO C1**

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

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

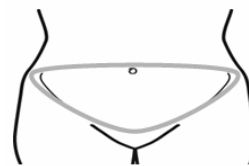
Yes..... 1 ↓ **Complete the Diary today** ↓ No..... 2 → **You're done for today**

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

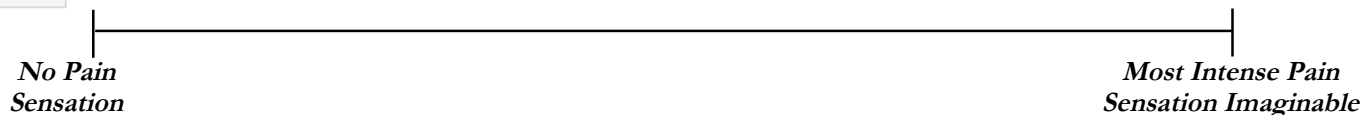
Yes 1 ↓ **COMPLETE B1a & B1b**

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.

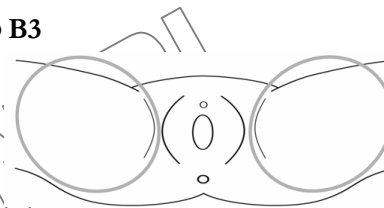


B2. Have you had **inner thigh pain** in the last 24 hours because of your incontinence operation?

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.



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.

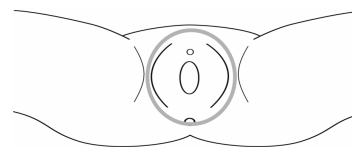


B4. Have you had pain in the area **outside your vagina but inside the thigh crease** in the last 24 hours because of your incontinence operation?

Yes 1 ↓ **COMPLETE B4a & B4b**

No..... 2 → **SKIP TO C1**

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

