F318: Surgical Pain Diary, version 03/27/06 (A)_revised 5/17/06



	rsion 03/27/06_rev051706 (A) al Study Information for Office Use Only
A1. ID#: Label A	12. Visit # TF2W 2 Week Visit
	TF6W 6 Week Visit
A3. Interviewer ID: A4	4. Date Distributed://
A5. Coder ID: A 6	6. Date Coded://
A7. Number of Diary Days recorded herein:	
A8. Form Version English1 Sp	panish2
Instructions: If you have any pain that we want to know about it.	you believe is due to your incontinence operation,
We are asking all women who participa every day for 2 weeks after surgery start	ate in the TOMUS study to complete the Pain Diary ting 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.	
	e diary at the end of the day, please do not complete
then, just pick up where you should for	draw a line through the 1 st page for that day, and the next day.
If you have any questions, call me	
Name	Number

Day 1	DATE: _	_//_	TIME	E::_	_ AM DAY:	: M	T	W	TH	F	S	Su
	hink back to		erday. Have yo	ou had any	pain <u>within</u>	the las	st 24 1	nours	as a res	sult o	f you	<u>r</u>
	Yes	1 V Cor	mplete the Dia	ary today	♦ No	2 •	→ Yo	u're d	one for	toda	y	
B1 . I	Have you had	lower abdon	ninal pain in th	he last 24 l	nours because	e of yo	ur inc	ontine	ence op	eratio	n?	
	Yes1	♦ COMPLET	E B1a & B1b		No 2	→ SKI	Р То	B2)			(
	B1a. If yes,	mark an "X"	on the picture	at the loca	tion of the p	ain.	→			0		
		•	f the lower abo gh the pain scal	_	oain by mark	ing				\searrow)
No P Sensa									Most I Sensatio			
B2 . I	Have you had	inner thigh	pain in the last	24 hours	because of yo	our inc	ontine	ence o	peration	1?		
	Yes1	♦ COMPLET	TE B2a & B2b		No 2	→ Ski	Р То	В3				
	B2a. If yes,	mark an "X"	on the picture	at the loca	tion of the p	ain. 🛨	•			0 \	1	
			f the inner thig gh the pain scal		y marking					())(•		
No P	Pain			75	3 P//				Most l	Intensi	e Pain	,
Sensa									Sensatio			
B3 . I	Have you had	pain inside	your vagina in	the last 24	hours becau	ise of	your i	neonti	nence o	perati	ion?	
		♦ Complete	$\langle \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$		No2	→ SKI						
	B3b. Rate the below:	/ / / / //	the pain insid	e your va	gina by mark	ding\a\	vertica	ıl line 1	through	the p	ain so	cale
		1/2/1/1/								_		
No P Sensa	\	<u> </u>							Most l Sensatio			
	•	pain in the ar	rea outside you ce operation?	ır vagina	but inside tl	he thig	gh cre	ase in	the last	t 24 h	ours	
	Yes1	♦ COMPLET	TE B4a & B4b		No 2	→ Ski	Р То	C 1				
	B4a. If yes,	mark an "X"	on the picture	at the loca	tion of the p	ain. 🕇	•					
		•	f the pain outs arking a vertical	•	0					0)		
	I	j			_ 1					ı		
No P	Pain								Most l	ntens	e Pain	,
Sensa									Sensatio			

Day 2	DATE: _	_/	_/	_ TIME: _	:	AM -PM	DAY:	M	T	W	TH	F	S	Su
	hink back to ncontinence			. Have you h	ad any ₁	pain <u>v</u>	vithin t	he la	st 24 1	nours	as a res	sult o	f you	<u>r</u>
	Yes	1	↓ Complet	te the Diary to	oday ↓		No	2	→ Yo	u're d	one for	toda	y	
B1 . I	Have you had	lower a	ıbdominal	l pain in the la	ast 24 h	ours	because	of yo	ur inc	ontine	ence op	eration	n?	
	Yes 1	V Coм	IPLETE B 1	la & B1b		No.	2	> Ski	Р То	B2)			(
				he picture at t					→			0		
			•	lower abdon te pain scale b	_	ain by	y markii	ng				1)
No P											Most l			
Sensa											Sensatio		ginab	le
B2 . I	-			in the last 24	hours b	\wedge	-				peration	1?		
			IPLETE B2			~	2			33				-
	B2a. If yes	, mark ar	n "X" on t	he picture at t	the locar	tion/o	f the pa	in. 🕇				° \	1	
				inner thigh pe pain scale b		mark	ing					· · ·		
N. F						7	P//) \	}		1.7	-	n .	
No P Sensa						///	5				Most l Sensatio			
B3 . I	Have you had	l pain in	side your	vagina in the	e last 24	hour	s becau	se of	your i	nconti	nence o	perati	ion?	
	Yes 1	↓ Сом	PLETE B	3b \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		No.	2	S KI	PTO	B4				
		/ \ \	sity of the	pain inside y	our vag	ginab	y mark	ing\a\r	vertica	ıl line 1	through	the p	ain sc	ale
	below	101/			(0)		\int					_		
No P Sensa	\	7 //~			<u>))/\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>	<u>></u>					Most l Sensatio			
	Have you had because of yo			utside your v	agina b	out in	side th	e thig	gh cre	ase in	the last	t 24 h	ours	
	Yes 1	Ψ COM	IPLETE B4	1a & B4b		No.	2	> Ski	Р То	C 1				
	•			he picture at t			•					(°))(
			•	pain outside g a vertical line	•	_				\				
												-		
No P Sensa											Most l Sensatio			

Day 3	DATE: _	_/	_/	_ TIME: _	:	AM DAY:	M	T	W	TH	F	S	Su
	nink back to continence			7. Have you h	ad any 1	pain within	the la	st 24 1	hours	as a res	sult o	f you	<u>r</u>
		-		te the Diary to	oday ↓	No	2	→ Yo	u're d	one for	toda	y	
B1 . H	lave you had	lower a	bdomina	l pain in the la	ast 24 h	ours because	of yo	ur inc	ontine	ence op	eratio	n?	
	Yes1	↓ CoM	IPLETE B	la & B1b		No 2 •	→ Ski	Р То	B2)			(
	B1a. If yes,	, mark aı	n "X" on t	he picture at t	the locat	ion of the pa	ain.	>					
			•	lower abdon ne pain scale b	-	ain by marki	ng)
											\dashv		
No P. Sensar										Most l Sensatio			
B2 . ⊦	Iave you had	l inner t	high pain	in the last 24	hours b	ecause of yo	ur inc	ontine	ence o	peration	n?		
	Yes1	↓ COM	IPLETE B	2a & B2b		No 2 •	→ Ski	Р То	В3		\		
	B2b. Rate	the inten	sity of the	he picture at t	pain by		ain. 🗲				()		
	a vert	ical line	through th	ne pain scale b	ělow.		<u> </u>	/	_		$\widehat{\Box}$		
No P. Sensar							J \	<i>)</i>		Most I Sensatio			
B3 . ⊦	Iave you had	l pain in	side your	vagina in the	e last 24	hours becau	se of	your i	nconti	nence o	perati	on?	
			IPLETE B			No2	11	\ \ \					
	B3b. Rate the below		sity of the	pain inside y	our vag	ina by mark	ing a	vertica	ıl line t	through	the p	ain sc	ale
No P. Sensar	\			3))/Z	>				Most I Sensatio			
	lave you had ecause of yo			utside your v	agina b	out inside th	e thig	gh cre	ase in	the last	t 24 h	ours	
	Yes1	↓ COM	IPLETE B	4a & B4b		No 2 •	→ Ski	р То	C 1				
	•			he picture at t		1					Ô)(
			•	pain outside g a vertical line	•	_							
No P. Sensai										Most I Sensatio			

Day 4	DATE:_	_/	_/	TIME: _	:	AM DAY:	M	T	W	TH	F	S	Su
	hink back to			Have you ha	ad any p	oain <u>within</u>	the las	st 24 1	nours	as a res	sult o	f you	<u>r</u>
	Yes	1 🖠	Complete	the Diary to	day ↓	No	2	→ Yo	u're d	one for	toda	y	
B1 . I	Iave you had	lower a	bdominal	pain in the la	ast 24 h	ours because	e of yo	ur inc	ontine	ence op	eration	n?	
	Yes1	↓ Сом	PLETE B1a	a & B1b		No 2	→ SKI	Р То	B2)			(
	B1a. If yes,	, mark an	"X" on th	e picture at tl	he locat	ion of the p	ain.	→			0		
				ower abdom pain scale be		ain by marki	ng				7)
No P Sensa										Most I Sensatio			
B2 . I	Have you had	inner tl	nigh pain i	n the last 24	hours b	ecause of yo	our inc	ontine	ence o	peration	n?		
	Yes1	Ф Сом	PLETE B2	a & B2b		No 2 •	→ Ski	Р То	В3		\		
				e picture at the	1 1/0)	ain. 🛨	,			<u>°</u>		
				nner thigh p pain scale be		marking					·		
No P Sensa					15					Most l			
B3 . I				agina in the	e last 24		$\langle \ \ \ \ \ \rangle$	/ / / /		nence o	perati	ion?	
			PLETE B31			~ 10	→ SKI			1 1	1		1
	B3b. Rate the below		ity of the p	ain inside yo	our vag	ina by mark	ing\a\r	vertica	ıl line 1	through	the p	ain sc	ale
No P Sensa	\			[]		<u> </u>				Most I Sensatio			
	Have you had because of yo	1		tside your va	agina b	out inside th	ne thig	gh cre	ase in	the last	t 24 h	ours	
	Yes1	Ф Сом	PLETE B4	a & B4b		No 2	→ Ski	Р То	C 1				
	B4a. If yes,	, mark an	"X" on th	e picture at tl	he locat	ion of the p	ain. 🛨	•			(°)		
				oain outside a vertical line	•	0			_	/		/ \	
1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	<u> </u>									M		. D '	
No P Sensa										Most I Sensatio			

Day 5	DATE: _	_/	_/	TIME: _	:	AM DAY:	M	T	W	TH	F	S	Su
	hink back to continence			Have you ha	ad any p	oain <u>within</u>	the las	st 24 1	hours	as a res	sult o	f you	<u>t</u>
	Yes	1	↓ Complete	e the Diary to	day ↓	No	2	→ Yo	u're d	one for	toda	y	
B1 . H	Iave you had	l lower a	abdominal	pain in the la	ast 24 ho	ours because	e of yo	ur inc	ontine	ence op	eratio	n?	
	Yes1	↓ Con	ирсете В1а	a & B1b		No 2 •	→ Ski	Р То	B2)			(
	B1a. If yes	, mark a	n "X" on th	ne picture at tl	he locat	ion of the pa	ain.	→			0		
			-	lower abdom e pain scale be	_	uin by marki	ng			(\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\)
No P. Sensar										Most I Sensatio			
B2 . F	Have you had	d inner t	high pain i	in the last 24	hours b	ecause of yo	our inc	ontine	ence o	peration	1?		
	Yes1	↓ Con	PLETE B2	a & B2b		No 2 •	→ SKI	р То	В3		\		
				ne picture at the	1 1/0		ain. 🛨				°)(
				inner thigh p		marking		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	\		$\stackrel{\circ}{\longleftarrow}$		
No P Sensar					15					Most l Sensatio			
B3 . I	•	_		vagina in the	e last 24		se of	/ / / /		nence o	perati	ion?	
		he inten	MPLETE B3	ain inside yo	our vag	~ 10	11 (through	the p	ain sc	ale
No P. Sensar	\		>\rangle	13/0))\v	<u> </u>				Most I Sensatio			
	Have you had because of yo			eration?	agina b	out inside th	ne thig	gh cre	ase in	the last	t 24 h	ours	
	Yes1	↓ Con	MPLETE B 4	a & B4b		No 2	→ Ski	р То	C 1				
	-			ne picture at tl pain outside		_					$\left(\overset{\circ}{0} \right)$)	
				; a vertical line	•	_					✓ ⊣		
No P Sensat										Most I Sensatio			

Day 6	DATE: _	_/	_/	TIME: _	<u>:</u>	AM DAY:	M	T	W	TH	F	S	Su
	hink back to continence			Have you ha	ad any p	oain within	the la	st 24 1	hours	as a res	sult o	f you	<u>t</u>
	Yes	1 '	↓ Complete	e the Diary to	day ↓	No	2	→ Yo	u're d	one for	toda	y	
B1 . H	Iave you had	lower a	abdominal	pain in the la	ast 24 ho	ours because	e of yo	our inc	contine	ence ope	eration	n?	
	Yes1	♦ COM	ирсете В1;	a & B1b		No2 •	→ SKI	р То I	32)			(
	B1a. If yes	, mark a	n "X" on th	ne picture at tl	he locat	ion of the pa	ain. •	*			0		
			•	lower abdom e pain scale be	_	in by marki	ng				Y)
No P Sensar										Most I Sensatio			
B2 . ⊢	Iave vou hac	l inner t	high pain	in the last 24	hours b	ecause of vo	ur inc	ontine	ence o	peration	ı;		
	,		9 1 ИРLЕТЕ В2			No 2 •					\		
				ne picture at the	he locat	ion of the pa					$\frac{1}{0}$		
				inner thigh p pain scale be		marking			,		° / \		<i></i>
No P. Sensar					15					Most I Sensatio			
B3 . F	Iave you had	pain ir	side your	vagina in the	last 24	hours becau	ise of	your i	nconti	nence o	perati	on?	
	Yes1	♦ COM	IPLETE B3	\mathbf{b}		No2	≯ SKI	FOT 9	34				
	B3b. Rate the below		sity of the p	ain inside yo	our vag	ina by mark	ing a	vertica	ıl line t	through	the p	ain sc	ale
No P Sensar	\			[3(Most I Sensatio			
	Iave you had because of yo	-		eration?	agina b	ut inside th	e thig	gh cre	ase in	the last	24 h	ours	
	Yes1	↓ COM	IPLETE B4	a & B4b		No2 •	→ SKI	Р То (C1				
	B4a. If yes	, mark a	n "X" on th	ne picture at tl	he locat	ion of the pa	ain. 🛨	•			0	V	
				pain outside ; a vertical line	•	_						<u></u>	/
3.7 P										3.6 3		ъ.	
No P. Sensar										Most I Sensatio			

Day 7	DATE: _	_/_	_/	TIME: _	:	AM DAY:	M	T	W	TH	F	S	Su
	hink back to continence			. Have you ha	ad any p	ain <u>within</u>	the la	st 24 1	hours	as a res	sult o	f you	<u>r</u>
	Yes	1	↓ Complete	e the Diary to	day ↓	No	2	→ Yo	u're d	one for	toda	y	
B1 . H	Iave you had	lower	abdominal	pain in the la	ast 24 ho	ours because	e of yo	our inc	contine	ence op	eration	n?	
	Yes1	↓ COM	MPLETE B 1	a & B1b		No 2 •	→ SKI	р То I	32)			(
				ne picture at tl				*					
				lower abdom e pain scale be		in by marki	ng			(_)
No P Sensar									,	Most I Sensatio			
B2 . H	Iave you had	l inner 1	high pain	in the last 24	hours b	ecause of yo	ur inc	ontine	ence o	peration	n?		
	Yes1	♦ COM	ирсете В2	a & B2b		No 2 •	→ SKI	р То I	33		\		
				ne picture at t	1//)	ain. 🛨				<u>°)</u>		
				inner thigh p e pain scale be		marking			>		° ()		
No P. Sensar					15)		Most I Sensatio			
B3 . F				vagina in the	e last 24	•		////		nence o	perati	ion?	
		ne inten	APLETE B3	b pain inside yo	our vagi	~ 10	SKU			through	the p	ain sc	ale
)/\(\)			105								
No P. Sensar	\			[5]	<u>))//, </u>					Most I Sensatio			
	Iave you had because of yo			itside your va	agina b	ut inside th	e thig	gh cre	ase in	the last	t 24 h	ours	
	Yes1	↓ Con	ирсете В4	a & B4b		No 2	→ SKI	Р То (C1				
	-			ne picture at th		_					(°))(
				pain outside ga vertical line	•	_							
No P. Sensar										Most I Sensatio			

Day 8	DATE: _	_/	_/	TIME: _	:	AM DAY:	M	T	W	TH	F	S	Su
	hink back to continence			Have you h	ad any p	oain within	the la	st 24 1	hours	as a res	sult o	f you	<u>r</u>
	Yes	1	V Complete	e the Diary to	day ↓	No	2	→ Yo	u're d	one for	toda	y	
B1 . H	Iave you had	l lower a	abdominal	pain in the la	ast 24 ho	ours because	e of yo	our inc	ontine	ence op	eration	n?	
	Yes1	Ф Сом	ирсете В1	a & B1b		No 2	→ SKI	р То I	32)			(
	B1a. If yes	, mark a	n "X" on th	ne picture at the	he locat	ion of the p	ain.	•			ō		
				lower abdom e pain scale be		uin by marki	ng				Y)
No Pa Sensai										Most I Sensatio			
												ідшар	ie
B2 . H	,		0 1	in the last 24		\wedge				peratior <	1?		
			MPLETE B2		. (~ ``	No 2			33				>
	B2a. If yes	, mark a	n "X" on th	ne picture at t	helocat	ion of the p	ain. 🕇				$\mathring{0}$		
				inner thigh per pain scale be		marking			>		° /		
N/- D	- :					3/11/2) \			Mart	<u> </u>	- D-:	
No Pa Sensat					1/2					Most I Sensatio			
B3 . H	Iave you had	l pain in	nside your	vagina in the	e last 24	hours becau	ise of	your i	nconti	nence o	perati	ion?	
			ирцете ВЗ			~ 10	→ SKI						
	B3b. Rate to below		sity of the p	ain inside yo	our vag	ina by mark	ing a	vertica	ıl line t	through	the p	ain sc	ale
No Pa Sensai	\			[3]		>				Most I Sensatio			
	Iave you had because of yo			tside your va	agina b	ut inside th	ne thig	gh cre	ase in	the last	t 24 h	ours	
	Yes 1	↓ Сом	MPLETE B 4	a & B4b		No 2	→ SKII	Р То (C1				
	-			ne picture at the		_					(°))(
				pain outside ; a vertical line	•	_							
No P	ain.				_					Most l	ntone	o Doin	
Sensat										Most I Sensatio			

Day 9	DATE: _	_/	_/	TIME: _	:	AM DAY:	M	T	W	TH	F	S	Su
	hink back to			Have you ha	ad any p	oain <u>within</u>	the la	st 24 1	nours	as a res	sult o	f you	<u>r</u>
	Yes	1 \	▶ Complete	e the Diary to	day 🗸	No	2	→ Yo	u're d	one for	toda	y	
B1 . H	Iave you had	lower	ıbdominal	pain in the la	ast 24 h	ours because	e of yo	ur inc	ontine	ence ope	eration	n?	
	Yes1	↓ COM	IPLETE B1	a & B1b		No 2	→ SKI	Р То І	32)			(
	B1a. If yes,	, mark aı	n "X" on th	ne picture at tl	he locat	ion of the p	ain. •	→			0		
			-	lower abdom e pain scale be	_	uin by marki	ng			(7)
No P. Sensar										Most I Sensatio			
B2 . H	Iave you had	l inner t	high pain i	in the last 24	hours b	ecause of yo	our inc	ontine	ence o	peration	n?		
	Yes1	Ф Сом	IPLETE B2	a & B2b		No 2 •	→ SKI	Р То І	33		\		
				ne picture at t	1 1/0)	ain. 🛨	(<u>°)</u>		
				inner thigh p pain scale be		marking					°		
No P. Sensai					15			^		Most I Sensatio			
B3 . F	Iave you had	l pain in	side your	vagina in the	e last 24	hours becau	ise of	your i	nconti	nence o	perati	on?	
			IPLETE B3			~ 10	≯ Ski						
	B3b. Rate the below:		sity of the p	ain inside yo	our vag	ina by mark	ling a	vertica	ıl line 1	through	the p	ain sc	ale
No P. Sensai	\			13(>				Most I Sensatio			
	Iave you had because of yo	1		eration?	agina b	ut inside th	ne thig	gh cre	ase in	the last	24 h	ours	
	Yes1	Ф Сом	IPLETE B4	a & B4b		No 2	→ SKI	Р То (C1				
	-			ne picture at tl		_					Ö)(
				pain outside ; a vertical line	•	_					I	`	
No P. Sensar										Most I Sensatio			

Day 10	DATE: _	_/	_/	TIME: _	:	AM DAY:	M	T	W	TH	F	S	Su
	hink back to continence			Have you ha	ad any p	oain <u>within</u>	the la	st 24 1	<u>hours</u>	as a res	sult o	f you	<u>r</u>
	Yes	1 \	▶ Complete	the Diary to	day ↓	No	2	→ Yo	u're d	one for	toda	y	
B1 . H	Iave you had	lower a	bdominal	pain in the la	ast 24 h	ours because	e of yo	our inc	contine	ence op	eration	n?	
	Yes1	↓ COM	IPLETE B1	a & B1b		No 2	→ SKI	р То I	32)			(
	B1a. If yes,	, mark aı	n "X" on th	e picture at tl	he locat	ion of the p	ain.	→			0		
				lower abdom e pain scale be		ain by marki	ing			(7)
No P	 ain									Most l	 Intense	e P ain	!
Sensar	tion									Sensatio	n Ima	ginab	le
B2 . ⊢	Iave you had	l inner t	high pain i	in the last 24	hours b	ecause of yo	our inc	ontine	ence o	peration	1?		
	Yes1	↓ COM	IPLETE B2	a & B2b		No 2 '	→ SKI	р То I	33		\		
				e picture at t	1 1/0)	ain. 🕇				()		
				inner thigh per pain scale be		marking		//	,		° (
No P					15		J \	\		Most I Sensatio			
B3 . F	Iave you had	l pain in	side your	vagina in the	e last 24	hours becau	ise of	your i	nconti	nence o	perati	ion?	
			IPLETE B3			~ 10	→ Ski						
	B3b. Rate the below		sity of the p	ain inside yo	our vag	ina by mark	ding a	vertica	ıl line 1	through	the p	ain sc	ale
No P. Sensar	\			[]		\supset				Most I Sensatio			
	Iave you had because of yo			tside your va	agina b	out inside tl	ne thig	gh cre	ase in	the last	t 24 h	ours	
	Yes1	Ф Сом	IPLETE B4	a & B4b		No 2	→ SKI	Р То (C1				
	B4a. If yes,	, mark a	n "X" on th	e picture at tl	he locat	ion of the p	ain. 🛨	•					
				pain outside a vertical line	•	_			_)(/
.										1.7		n :	
No P. Sensar										Most I Sensatio			

Day 11	DATE: _	_/	_/	TIME: _	:	- AM DAY:	M	T	W	TH	F	S	Su
	hink back to			Have you h	ad any _I	pain <u>within</u>	the la	st 24 1	nours	as a res	sult o	f you	<u>r</u>
	Yes	1 \	Complete	the Diary to	day ↓	No	2	→ Yo	u're d	one for	toda	y	
B1 . H	Iave you had	lower a	bdominal	pain in the la	ast 24 h	ours because	e of yo	ur inc	ontine	ence ope	eration	n?	
	Yes1	↓ COM	IPLETE B1	a & B1b		No 2	→ SKI	Р То І	32)			(
	B1a. If yes,	, mark aı	n "X" on th	ne picture at the	he locat	ion of the p	ain. •	→			0		
			•	l ower abdon e pain scale bo	_	ain by marki	ng				Y)
No Pa Sensat										Most I Sensatio			
B2 . F	Iave you had	inner t	high pain i	in the last 24	hours b	ecause of yo	our inc	ontine	ence o	peration	n?		
	Yes1	↓ CoM	IPLETE B2	a & B2b		No 2	→ SKI	Р То І	33		\		
				ne picture at t	1//		ain. 🛨				$\frac{1}{0}$		
				inner thigh repair scale be		marking			,		° (
No Pa Sensat										Most I Sensatio			
B3 . I	Iave you had	pain in	side your	wagina in the	e last 24	hours becau	ise of	your i	nconti	nence o	perati	ion?	
	Yes1	↓ COM	IPLETE B31			No2	→ SKI	FOT A	34				
	B3b. Rate the below:		ity of the p	ain inside yo	our vag	ina by mark	ding a	vertica	ıl line t	through	the p	ain sc	ale
No Pa Sensat	\			[3]		>				Most I Sensatio			
	Iave you had because of yo			tside your va	agina b	out inside tl	ne thig	gh cre	ase in	the last	24 h	ours	
	Yes1	↓ CoM	IPLETE B4	a & B4b		No 2	→ SKI	Р То (C1				
	B4a. If yes,	, mark ar	n "X" on th	e picture at tl	he locat	ion of the p	ain. 🛨	•			0		
				pain outside a vertical line	•	_				<u>)(</u>))(/
No Pa Sensat										Most l Sensatio			

Day 12	DATE: _	_/	_/	_ TIME: _	:	AM DAY	: M	T	W	TH	F	S	Su
	hink back to continence			7. Have you h	ad any	pain <u>within</u>	the la	st 24	<u>hours</u>	as a re	sult o	f you	<u>r</u>
	Yes	1 \	↓ Complet	te the Diary to	oday ↓	No	2	→ Yo	u're d	lone for	r toda	y	
B1 . I	Iave you had	lower a	ıbdomina	l pain in the la	ast 24 h	ours becaus	se of yo	our inc	contine	ence op	eratio	n?	
			MPLETE B			No 2			B2)			(
				he picture at t				→			·		
B1b. Rate the intensity of the lower abdominal pain by marking a vertical line through the pain scale below.)
	<u> </u>										_	.	
No P Sensa										Most I Sensatio			
B2 . I	Have you had	inner t	high pain	in the last 24	hours b	pecause of y	our inc	contin	ence o	peration	1?		
	Yes1	Ψ COM	IPLETE B	2a & B2b		No 2	→ SKI	P To l	B3				
	•			he picture at t	1//		oain. 🗗				°)		
	a vert	ical line	through th	ne pain scale b	elow.	marking	7//				°		
N 7 F						3/1/	J) \			3.5	_	n .	
No P Sensa										Most I Sensatio			
B3 . I	Iave you had	l pain in	side your	vagina in the	e last 24	hours beca	use of	your i	nconti	nence c	perati	ion?	
			IPLETE B	$\overline{}$		No2	→ Sĸı						
	B3b. Rate the below	/ \ \	sity of the	pain inside y	our vag	gina by mar	king a	vertica	ıl line 1	through	the p	ain sc	ale
		M			1/10								
No P Sensa	\	١ / ١		[5]	$\overline{))/\gamma}$					Most I Sensatio			
	Have you had because of yo			utside your v	agina l	out inside t	he thi	gh cre	ease in	the las	t 24 h	ours	
	Yes1	↓ Сом	IPLETE B	4a & B4b		No 2	→ SKI	р То (C1				
	•			he picture at t		-					$(\mathring{0})$		
			•	g a vertical line	•	_							
												.	
No P Sensa									ı	Most I Sensatio			

Day 13	DATE: _	_/	./	TIME: _	:	AM DAY	: M	T	W	TH	F	S	Su
	nink back to			Have you ha	ad any p	oain <u>within</u>	the la	st 24	hours	as a res	sult o	f you	<u>r</u>
	Yes												
B1 . H	Iave you had	lower a	bdominal j	pain in the la	ast 24 h	ours becaus	e of yo	our inc	contine	ence op	eration	n?	
	Yes1	↓ Сом	PLETE B1 a	a & B1b		No 2	→ SKI	Р То I	32)			(
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 P	 ain									Most l	 Intense	e P ain	!
Sensat	tion									Sensatio	n Ima	ginab	le
B2 . ⊢	Iave you had	l inner th	nigh pain i	n the last 24	hours b	ecause of y	our inc	ontine	ence o	peration	1?		
	Yes1	↓ Сом	PLETE B2a	a & B2b		No 2	→ SKI	Р То I	33		\		
				e picture at t	1//		oain. 🗗				<u>°)</u>		
				nner thigh pain scale be		marking	5		,		° ()		
No P	ain					3/11/	J) /			Most l	ntensi	e P ain	,
Sensar						11/2			~	Sensatio			
B3 . H			side your v	ragina in the	e last 24		use of			nence o	perati	ion?	
		ne intensi	~	ain inside yo	our vag	No2 ina by mar	, // (through	the p	ain sc	ale
	Delow	1031			(0)						_		
No Pa Sensai	\	7		[3]	<u>))/\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>	<u> </u>				Most I Sensatio			
	Iave you had because of yo	1		tside your va	agina b	out inside t	he thi	gh cre	ase in	the last	24 h	ours	
	Yes1	↓ Сом	PLETE B4a	a & B4b		No 2	→ SKI	Р То (C1				
	B4a. If yes,	, mark an	"X" on th	e picture at tl	he locat	ion of the p	oain. 🗗	•			(°)	\/	
				oain outside a vertical line	•	_							
No Pa Sensat										Most I Sensatio			

Day 14	DATE: _	_/_	_/	TIME: _	:	AM DAY:	M	T	W	TH	F	S	Su
	hink back to continence			Have you ha	ad any p	oain within	the las	st 24 1	<u>hours</u>	as a res	sult o	f you	<u>t</u>
Yes													
B1 . H	Iave you had	l lower a	abdominal	pain in the la	ast 24 ho	ours because	e of yo	ur inc	contine	ence op	eration	n?	
	Yes 1	V Con	MPLETE B1	a & B1b		No 2	→ Skii	Р То I	32)			(
	B1a. If yes	, mark a	n "X" on th	ne picture at th	he locat	ion of the pa	ain.	→				•	
			-	lower abdom e pain scale be	_	iin by marki	ng			(_)
No P. Sensar										Most I Sensatio			
B2 . F	Iave you had	inner t	high pain i	in the last 24	hours b	ecause of yo	ur inc	ontine	ence o	peration	n?		
	Yes 1	V COM	ирLЕТЕ В 2а	a & B2b		No 2 •	→ Skii	р То I	33		\		
				ne picture at the	1 1/0		ain. 🗲	,			°)		
				inner thigh p pain scale be		marking		1	,				
No P. Sensar					15			^		Most I Sensatio			
B3 . F	-	_		vagina in the	e last 24	,	$\langle \ \ \rangle$	/ / / /		nence o	perati	ion?	
		he inten	APLETE B31 sity of the p	ain inside yo	our vag	~ 10	SKI			through	the p	ain sc	ale
No P. Sensar	\	7/2/		B		> <u> </u>				Most l Sensatio			
	Iave you had because of yo			etside your va	agina b	ut inside th	e thig	gh cre	ase in	the last	t 24 h	ours	
	Yes1	↓ Con	ирсете В4а	a & B4b		No 2 •	→ Skii	Р То (C1				_
	-			ne picture at tl pain outside		_					$\left(\mathring{0}\right)$)(
				a vertical line	•	_					$\stackrel{\sim}{\dashv}$		
No P. Sensat									i	Most I Sensatio			

Day 15	DATE: _	_/	_/	TIME: _	:	AM D	AY:	M	T	W	TH	F	S	Su
	nink back to continence			Have you h	ad any p	oain <u>witl</u>	hin th	ne las	t 24 l	<u>nours</u>	as a res	sult o	f you	<u>:</u>
	Yes	1	Complete	the Diary to	day ↓	No	0	. 2 =	→ Yo	u're d	one for	toda	y	
B1 . H	lave you had	lower a	bdominal	pain in the la	ast 24 ho	ours bec	ause (of you	ur inc	ontine	ence ope	eration	n?	
	Yes1	↓ COM	PLETE B1	a & B1b		No	.2 →	SKIF	ТоЕ	32)			(
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 Pa Sensat											Most I Sensatio			
B2 . H	Iave you had	inner t	high pain i	n the last 24	hours b	ecause o	of you	r inco	ontine	ence o	peration	n?		
	Yes1	↓ CoM	PLETE B2	a & B2b		No	.2 →	SKIF	ТоЕ	33	$\overline{}$	\		
				e picture at t	4 110			n. →	<u></u>			<u>°)</u>		
				nner thigh r		marking				>		。 		
No Pa Sensat											Most I Sensatio			
B3 . H			side your	vagina in the	e last 24			$\sim 1/$	our ii		nence o	perati	ion?	
		ne intens	✓	ain inside yo	our vag	No		.\ <			hrough	the p	ain sc	ale
No Pa Sensat	\			[]		>					Most I Sensatio			
	lave you had ecause of yo	1		tside your va	agina b	ut insid	le the	thig	h cre	ase in	the last	24 h	ours	
	Yes1	↓ COM	PLETE B4	a & B4b		No	.2 →	SKIP	ТоС	C1				
	B4a. If yes,	, mark ar	ı "X" on th	e picture at the	he locati	on of th	ne pai	n. 🗲				°		
				oain outside a vertical line	•	_								/
No Pa Sensat											Most I Sensatio			
sciisal	1011										JC115a110	11 1111d	gman	IC.