



SECTION A: GENERAL STUDY INFORMATION FOR OFFICE USE ONLY

A1. Study ID#:

Label

A2. Visit #

F/U 2 Weeks TF2W

F/U 6 Weeks TF6W

SECTION B: Pain Exam

B1. Did the patient answer “no” to B0 on F328?

YES..... 1 → **SKIP EXAM & GO TO B5**

NO 2

B2. Is there evidence of pain to palpation in the location of the ...

Circle yes or no for all types listed

	YES	NO	N/A
a. ...lower abdomen, right side?	1	2	-1
b. ...lower abdomen, left side?	1	2	-1
c. ...inner thigh, right side?	1	2	-1
d. ...inner thigh, left side?	1	2	-1
e. ...vagina (inside), right side?	1	2	-1
f. ...vagina (inside), left side?	1	2	-1
g. ... vulva, right side?	1	2	-1
h. ...vulva, left side?.....	1	2	-1
i. ...lower back, right side?	1	2	-1
j. ...lower back, left side?	1	2	-1
k. ...front leg, right side?	1	2	-1
l. ...front leg, left side?.....	1	2	-1
m. ...back leg or buttocks, right side?	1	2	-1
n. ...back leg or buttocks, left side?	1	2	-1

B3. Date Pain Exam Completed: ____ / ____ / ____
Month Day Year

B4. Examiner’s ID: ____

B5. Date Abstract Completed: ____ / ____ / ____
Month Day Year

B6. Abstractor’s ID: ____