



0-10 Pain Score

This question asks you about how severe your pain is

Please mark the scale at a point that describes how bad your pain has been over the last 2 weeks on average

Please only answer in relation to your testicular/groin pain (not other pains)

Fill a different form for each side

Name _____

Date of Block (if after block) _____

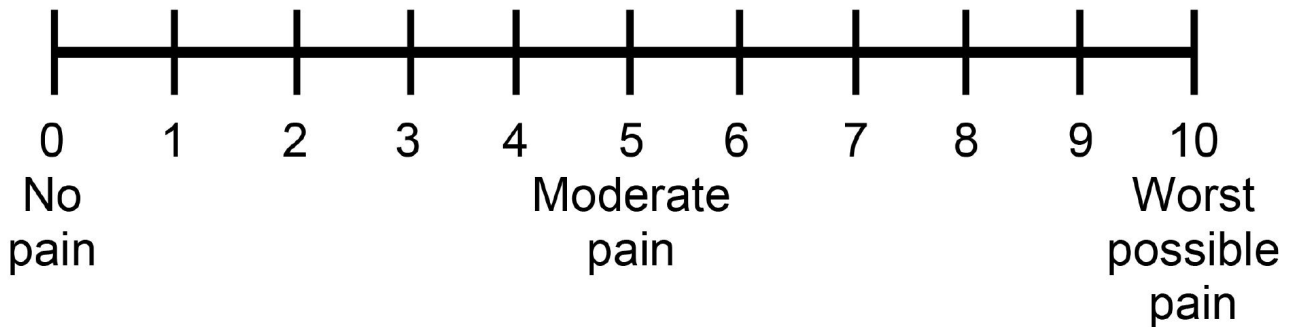
Date of Birth _____

Date of Denervation (if after denervation) _____

Today's Date _____

Side of Pain _____

Are you (please circle) = Before Cord Block / After Cord Block / After Denervation



Thanks for taking the time to complete this survey
Please make sure to return it in at the time of your appointment or by mail, fax or email



Pain Impact Questionnaire (PIQ-6)

This survey asks you questions about how your pain affects your everyday life
Please put a mark in the box beneath the answer that best describes your experience

Choose the answer that best describes how you have been impacted over the last 4 weeks
Please only answer in relation to your testicular/groin pain (not other pains)
Fill a different form for each side

Name _____ Date of Block (if after block) _____
Date of Birth _____ Date of Denervation (if after denervation) _____
Todays Date _____ Side of Pain _____

Are you (please circle) = Before Cord Block / After Cord Block / After Denervation

1. How much testicular/groin pain have you had during the last 4 weeks?

None	Very Mild	Mild	Moderate	Severe	Very Severe

2. During the last 4 weeks, how often did your testicular/groin pain interfere with your normal work (including both work outside the home and housework)?

Not At All	A Little Bit	Moderately	Quite A Lot	Extremely

3. In the past 4 weeks, how much of the time did your testicular/groin pain interfere with your enjoyment of life?

Never	Rarely	Sometimes	Very Often	Always

4. In the past 4 weeks, how often did your testicular/groin pain make simple tasks hard to complete?

Never	Rarely	Sometimes	Very Often	Always

5. In the past 4 weeks, how often were your leisure activities affected by your testicular/groin pain (including exercise and hobbies)?

Never	Rarely	Sometimes	Very Often	Always

6. In the past 4 weeks, how often did your testicular/groin pain make you feel fed up and frustrated?

Never	Rarely	Sometimes	Very Often	Always

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