

## PAIN IMPACT QUESTIONNAIRE (FEMALE)

This survey asks you questions about how your pelvic/groin pain affects things you do every day. You are the expert on how pain affects what you are able to do and how you feel. Please select the answer that best describes how you have been doing during the past four (4) weeks. If you are not sure about a question, please give the best answer you can. There are not right or wrong answers to these questions.

Thank you for completing this survey.

- For each of the following questions please mark an  in one box that describes your answer best.

Respondent's Name:

Date:

Pain Side:

- How much pelvic/groin pain have you had during the past 4 weeks?  
None       Very Mild       Mild       Moderate       Severe       Very Severe
- During the past 4 weeks, how much did your pelvic/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
- In the past 4 weeks, how much of the time did your pelvic/groin pain interfere with your normal enjoyment of life?  
Never       Rarely       Sometimes       Very Often       Always
- In the past 4 weeks, how often did your pelvic/groin pain make simple tasks hard to complete?  
Never       Rarely       Sometimes       Very Often       Always
- In the past 4 weeks, how often were your leisure activities affected by your pelvic/groin pain? (including exercise and hobbies)  
Never       Rarely       Sometimes       Very Often       Always
- In the past 4 weeks, how often did your pelvic/groin pain make you feel fed up and frustrated?  
Never       Rarely       Sometimes       Very Often       Always