

APPENDIX

PAIN IMPACT QUESTIONNAIRE (PIQ - 6™)

This survey asks you questions about how your testicular/groin pain affects things you do and how you feel every day. We would like to assess how your pain affected you in the past 4 weeks. We will then repeat this questionnaire at your follow up to measure any improvement. If you are not sure about a question, please give the best answer you can. There are no right or wrong answers to these questions. Thank you for completing this survey.

- For each of the following questions please mark a circle around the phrase that best describes your answer.

Respondent's Name:

Date:

Side:

Date of procedure:

1. In the past 4 weeks how much testicular/groin pain did you have?

None	Very Mild	Mild	Moderate
Severe	Very Severe		

2. In the past 4 weeks, how much did your testicular/groin pain interfere with 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		