

PAIN IMPACT QUESTIONNAIRE (PIQ-6™)

This survey asks you questions about how your testicular/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 past 4 weeks. 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 an in one box that describes best your answer.
- Please fill out one form for each side of pain
- If you are a new patient and/or already underwent spermatic cord block procedure please fill out this side of the form.
- If you have undergone robotic microsurgical neurolysis procedure please fill out back side of the form.

Respondent's Name:

Date:

Pain Side:

Date of cord block (if it is available):

1. How much testicular/groin pain have you had during the past 4 weeks?
None Very Mild Mild Moderate Severe Very Severe
2. During the past 4 weeks, how much 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