

Urogynecology

Please answer every question.

Some women find that bladder, bowel or vaginal symptoms affect their activities, relationships and feelings. For each question, mark the oval that best describes how much your activities, relationships or feelings have been affected by your bladder, bowel or vaginal symptoms or conditions **over the last 3 months**.

PFIQ-7

How do symptoms or conditions related to the following usually affect you:

		Not at all	Somewhat	Moderately	Quite a bit
Ability to do household chores (cooking, housecleaning, laundry)?	bladder or urine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	bowel or rectum	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	vagina or pelvis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to do physical activities such as walking, swimming or other exercise?	bladder or urine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	bowel or rectum	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	vagina or pelvis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Entertainment activities such as going to a movie or concert?	bladder or urine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	bowel or rectum	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	vagina or pelvis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to travel by car or bus for a distance greater than 30 minutes away from home?	bladder or urine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	bowel or rectum	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	vagina or pelvis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Participating in social activities outside your home?	bladder or urine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	bowel or rectum	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	vagina or pelvis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emotional health (nervousness, depression, etc.)?	bladder or urine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	bowel or rectum	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	vagina or pelvis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling frustrated?	bladder or urine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	bowel or rectum	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	vagina or pelvis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please mark an answer for each area for each question.

Following are a list of questions about you and your partner's sex life. All information is strictly confidential. Your confidential answers will be used only to help us understand what is important to you about your sex life. Please mark the oval that best answers the question for you. While answering the questions, consider **your** sexuality **over the past six months**.

PISQ-12

How do symptoms or conditions related to the following usually affect you:

	Always	Usually	Sometimes	Seldom	Never
How frequently do you feel sexual desire? This feeling may include wanting to have sex, planning to have sex, feeling frustrated due to lack of sex, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you climax (have an orgasm) when having sexual intercourse with your partner?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you feel sexually excited (turned on) when having sexual activity with your partner?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How satisfied are you with the variety of sexual activities in your current sex life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you feel pain during sexual intercourse?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are you incontinent of urine (leak urine) with sexual activity?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does fear of incontinence (either stool or urine) restrict your sexual activity?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you avoid sexual intercourse because of bulging in the vagina (either the bladder, rectum or vagina falling out)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When you have sex with your partner, do you have negative emotional reactions such as fear, disgust, shame or guilt?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does your partner have a problem with erections that affects your sexual activity?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does your partner have a problem with premature ejaculation that affects your sexual activity?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Compared to orgasms you have had in the past, how intense are the orgasms you have had in the past six months?	much less intense <input type="radio"/> less intense <input type="radio"/> same intensity <input type="radio"/> more intense <input type="radio"/> much more intense <input type="radio"/>				

