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Urogynecology

Please answer every question.

	PLEASE PRINT PATIENT'S LAST NAME				
Marking Instructions					
Please use a #2 pencil.	PLEASE PRINT PATIENT'S FIRST NAME	PATIENT'S DATE OF BIRTH			
Fill in the complete oval as shown					
	Dear Patient:	Month Da	y Year		

This is a questionnaire pertaining to your pelvic health.

Completing the following questionnaire should take 10 minutes of your time.

Please complete this questionnaire prior to your arrival at our office.

If needed, you can seek the help of a family member or a friend to complete this questionnaire.

Please mark the appropriate oval(s) for each question.

If you are unsure about how to answer a question, give the best answer you can.

While answering these questions, please consider your symptoms over the <u>last three months</u>.

PFDI-20

	No	Yes		Not at all	Somewhat	Moderately	Quite a bit	t
Do you usually experience pressure in the lower abdomen?	\bigcirc	0	If yes , how much does this bother you?	0	0		0	
Do you usually experience heaviness or dullness in the pelvic area?	0	0	If yes , how much does this bother you?		0		0	
Do you usually have a bulge or something falling out that you can see or feel in the vaginal area?	0	0	If yes , how much does this bother you?				0	
Do you usually have to push on the vagina or around the rectum to have or complete bowel movement?	0	0	If yes , how much does this bother you?					
Do you usually experience a feeling of incomplete bladder emptying?	0	0	If yes , how much does this bother you?					
Do you ever have to push up on a bulge in the vaginal area with your fingers to start or complete urination?	\bigcirc	0	If yes , how much does this bother you?					
Do you feel you need to strain too hard to have a bowel movement?	\bigcirc	0	If other than never, how much does this bother you?					
Do you feel you have not completely emptied your bowels at the end of a bowel movement?	\bigcirc	0	If other than never, how much does this bother you?					
Do you usually lose stool beyond your control if your stool is well formed?	\bigcirc		If yes , how much does this bother you?					
Do you usually lose stool beyond your control if your stool is loose or liquid?	\bigcirc	0	If yes , how much does this bother you?					
Do you usually lose gas from the rectum beyond your control?	\bigcirc	0	If yes , how much does this bother you?					
Do you usually have pain when you pass your stool?	\bigcirc	0	If yes , how much does this bother you?					
Do you experience a strong sense of urgency and have to rush to the bathroom to have a bowel movement?	\bigcirc	0	If other than never, how much does this bother you?					
Does a part of your bowel ever pass through the rectum and bulge outside during or after a bowel movement?	\bigcirc		If yes, how much does this bother you?					
Do you usually experience frequent urination?	0	0	If yes, how much does this bother you?		0		0	
Do you usually experience urine leakage associated with a feeling of urgency that is a strong sensation of needing to go to the bathroom?		0	If yes , how much does this bother you?	0	0		0	
Do you usually experience urine leakage related to coughing, sneezing, or laughing?	0	0	If yes , how much does this bother you?	0	0		0	
Do you usually experience small amounts of urine leakage (that is, drops)?	0		If yes , how much does this bother you?	0	0			
Do you usually experience difficulty emptying your bladder?	0		If yes , how much does this bother you?	0	0		0	
Do you usually experience pain or discomfort in the lower abdomen or genital region?			If yes, how much does this bother you?					

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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 your:		Not at all	Somewhat	Moderately	Quite a bit
Ability to do household chores Please mark an answer	bladder or urine				
(cooking, housecleaning, laundry)?	bowel or rectum				
for each question.	vagina or pelvis				
Ability to do physical activities such as	bladder or urine				
walking, swimming or other exercise?	bowel or rectum		0		
	vagina or pelvis	<u> </u>			
Entertainment activities such as	bladder or urine		0		
going to a movie or concert?	bowel or rectum	0	0		0
0. 0	vagina or pelvis	$\overline{}$	0		0
Ability to travel by car or bus for a distance	bladder or urine				
greater than 30 minutes away from home?	bowel or rectum				
-	vagina or pelvis				
bladder or urin					
Participating in social activities outside your home?	bowel or rectum				
	vagina or pelvis bladder or urine				
Emotional health (nervousness, depression, etc.)? bowel or					
	vagina or pelvis bladder or urine				
Feeling frustrated?	bowel or rectum				
i eeiliig ii usti ateu:	vagina or pelvis	$\overline{}$			
	vagilla oi pelvis				

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

Sometimes **Always** Usually Seldom Never to the following usually affect your: 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. Do you climax (have an orgasm) when having sexual intercourse with your partner? Do you feel sexually excited (turned on) when having sexual activity with your partner? How satisfied are you with the variety of sexual activities in your current sex life? Do you feel pain during sexual intercourse? Are you incontinent of urine (leak urine) with sexual activity? Does fear of incontinence (either stool or urine) restrict your sexual activity? Do you avoid sexual intercourse because of bulging in the vagina (either the bladder, rectum or vagina falling out)? When you have sex with your partner, do you have negative emotional reactions such as fear, disgust, shame or guilt? Does your partner have a problem with erections that affects your sexual activity?

Compared to orgasms you have had in the past, how intense are the orgasms you have had in the past six months?

less intense

same intensity (Page 2 of 2

much more intense

Does your partner have a problem with premature ejaculation that affects your sexual activity?

much less intense (

How do symptoms or conditions related