CASE #: _____

Pelvic Floor Impact Questionnaire - Short Form 7 (PFIQ-7)

Instructions: Some women find that bladder, bowel or vaginal symptoms affect their activities, relationships, and feelings. For each question, place an **X** in the reponse 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**. Please be sure to mark an answer in **all 3 columns** for each question. Thank you for your cooperation.

How do symptoms or conditions related to the following → → → → usually affect your ↓	***Bladder or urine***	***Bowel or rectum***	***Vagina or pelvis***
1. ability to do household chores (cooking, housecleaning, laundry)?	□ Not at all (0) □ Somewhat (1) □ Moderately (2) □ Quite a bit (3)	□ Not at all (0) □ Somewhat (1) □ Moderately (2) □ Quite a bit (3)	□ Not at all (0) □ Somewhat (1) □ Moderately (2) □ Quite a bit (3)
2. ability to do physical activities such as walking, swimming, or other exercise?	□ Not at all (0) □ Somewhat (1) □ Moderately (2) □ Quite a bit (3)	□ Not at all (0) □ Somewhat (1) □ Moderately (2) □ Quite a bit (3)	□ Not at all (0) □ Somewhat (1) □ Moderately (2) □ Quite a bit (3)
3. entertainment activities such as going to a movie or concert?	□ Not at all (0) □ Somewhat (1) □ Moderately (2) □ Quite a bit (3)	□ Not at all (0) □ Somewhat (1) □ Moderately (2) □ Quite a bit (3)	□ Not at all (0) □ Somewhat (1) □ Moderately (2) □ Quite a bit (3)
4. ability to travel by car or bus for a distance greater than 30 minutes away from home?	□ Not at all (0) □ Somewhat (1) □ Moderately (2) □ Quite a bit (3)	□ Not at all (0) □ Somewhat (1) □ Moderately (2) □ Quite a bit (3)	□ Not at all (0) □ Somewhat (1) □ Moderately (2) □ Quite a bit (3)
5. participating in social activities outside your home?	□ Not at all (0) □ Somewhat (1) □ Moderately (2) □ Quite a bit (3)	□ Not at all (0) □ Somewhat (1) □ Moderately (2) □ Quite a bit (3)	□ Not at all (0) □ Somewhat (1) □ Moderately (2) □ Quite a bit (3)
6. emotional health (nervousness, depression, etc.)?	□ Not at all (0) □ Somewhat (1) □ Moderately (2) □ Quite a bit (3)	□ Not at all (0) □ Somewhat (1) □ Moderately (2) □ Quite a bit (3)	□ Not at all (0) □ Somewhat (1) □ Moderately (2) □ Quite a bit (3)
7. feeling frustrated?	□ Not at all (0) □ Somewhat (1) □ Moderately (2) □ Quite a bit (3)	□ Not at all (0) □ Somewhat (1) □ Moderately (2) □ Quite a bit (3)	□ Not at all (0) □ Somewhat (1) □ Moderately (2) □ Quite a bit (3)

CASE #: _____

Pelvic Organ Prolapse/Urinary Incontinence Sexual Questionnaire (PISQ-12)

Instructions: 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 doctors understand what is important to patients about their sex lives. For each question, place an **X** in the box that best anwers the question for you. While answering the questions, consider your sexuality **over the past six months**. Thank you for your help.

1. 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.	□ Daily (4)	□ Weekly (3)	□ Monthly (2)	□ Less than once a month (1)	□ Never (0)
2. Do you climax (have an orgasm) when having sexual intercourse with your partner?	□ Always (4)	□ Usually (3)	□ Sometimes (2)	□ Seldom (1)	□ Never (0)
3. Do you feel sexually excited (turned on) when having sexual activity with your partner?	□ Always (4)	□ Usually (3)	□ Sometimes (2)	□ Seldom (1)	□ Never (0)
4. How satisfied are you with the variety of sexual activities in your current sex life?	□ Always (4)	□ Usually (3)	□ Sometimes (2)	□ Seldom (1)	□ Never (0)
5. Do you feel pain during sexual intercourse?	□ Always (0)	□ Usually (1)	□ Sometimes (2)	□ Seldom (3)	□ Never (4)
6. Are you incontinent of urine (leak urine) with sexual acivity?	□ Always (0)	□ Usually (1)	□ Sometimes (2)	□ Seldom (3)	□ Never (4)
7. Does fear of incontinence (either stool or urine) restrict your sexual activity?	□ Always (0)	□ Usually (1)	□ Sometimes (2)	□ Seldom (3)	□ Never (4)
8. Do you avoid sexual intercourse because of bulging in the vagina (either the bladder, rectum, or vagina falling out)?	□ Always (0)	□ Usually (1)	□ Sometimes (2)	□ Seldom (3)	□ Never (4)
9. When you have sex with your partner, do you have negative emotional reactions such as fear, disgust, shame or guilt?	□ Always (0)	□ Usually (1)	□ Sometimes (2)	□ Seldom (3)	□ Never (4)
10. Does your partner have a problem with erections that affects your sexual activity?	□ Always (0)	□ Usually (1)	□ Sometimes (2)	□ Seldom (3)	□ Never (4)
11. Does your partner have a problem with premature ejaculation that affects your sexual activity?	□ Always (0)	□ Usually (1)	□ Sometimes (2)	□ Seldom (3)	□ Never (4)
12. 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 (0)	□ Less intense (1)	□ Same intensity (2)	□ More intense (3)	□ Much more intense (4)

CASE #: _____

Pelvic Floor Distress Inventory 20 (PFDI-20)

Instructions: Please answer all of the questions in the following survey. These questions will ask you if you have certain bowel, bladder, or pelvic symptoms and, if you do, how much they bother you. Answer these by putting an **X** in the approriate box. While answering these questions, please consider your symptoms **over the last 3 months**.

Pelvic Organ Prolapse Distress Inventory 6 (POPDI-6)

Do you _____ ?	NO (0)	If YES, how much does it bother you?			
		Not at all (1)	Some-what (2)	Moder-ately (3)	Quite a bit (4)
1. Usually experience pressure in the lower abdomen?					
2. Usually experience *heaviness* or *dullness* in the pelvic area?					
3. Usually have a bulge or something falling out that you can see or feel in your vaginal area?					
4. Ever have to push on the vagina or around the rectum to have or complete a bowel movement?					
5. Usually experience a feeling of incomplete bladder emptying?					
6. Ever have to push up on a bulge in the vaginal area with your fingers to start or complete urination?					

Colorectal-Anal Distress Inventory 8 (CRADI-8)

Do you _____ ?	NO (0)	If YES, how much does it bother you?			
		Not at all (1)	Some-what (2)	Moder-ately (3)	Quite a bit (4)
7. Feel you need to strain too hard to have a bowel movement?					
8. Feel you have not competely emptied your bowels at the end of a bowel movement?					
9. Usually lose stool beyond your control if your stool is well formed?					
10. Usually lose stool beyond your control if your stool is loose?					
11. Usually lose gas from the rectum beyond your control?					
12. Usually have pain when you pass your stool?					
13. Experience a strong sense of urgency and have to rush to the bathroom to have a bowel movment?					
14. Does part of your bowel ever pass through the rectum and bulge outside during or after a bowel movement?					

Urinary Distress Inventory 6 (UDI-6)

Do you _____ ?	NO (0)	If YES, how much does it bother you?			
		Not at all (1)	Some-what (2)	Moder-ately (3)	Quite a bit (4)
15. Usually experience frequent urination?					
16. Usually experience urine leakage associated with a feeling or urgency, that is, a strong sensation of needing to go to the bathroom?					
17. Usually experience urine leakage related to coughing, sneezing, or laughing?					
18. Usually experience small amounts of urine leakage (that is, drops)?					
19. Usually experience difficulty emptying your bladder?					
20. Usually expereince pain or discomfort in the lower abdomen or genital region?					