

Patient Questionnaire

NAME _____ DATE _____

D.O.B. _____

Please answer each question. As some of these problems may not pertain to you, we ask that you complete each question as best as possible.

Pelvic Organ Prolapse Distress Inventory

Do you experience, and, if so, how much are you bothered by.....				
Usually experience pressure in the lower abdomen?	<i>Not at all</i>	<i>Somewhat</i>	<i>Moderately</i>	<i>Quite a bit</i>
Usually experience a heaviness or dullness in the pelvic area?	<i>Not at all</i>	<i>Somewhat</i>	<i>Moderately</i>	<i>Quite a bit</i>
Usually have a bulge or something falling out that you can see or feel in your vaginal area?	<i>Not at all</i>	<i>Somewhat</i>	<i>Moderately</i>	<i>Quite a bit</i>
Ever had to push on the vagina or around the rectum to have a complete bowel movement?	<i>Not at all</i>	<i>Somewhat</i>	<i>Moderately</i>	<i>Quite a bit</i>
Usually experience a feeling of incomplete bladder emptying?	<i>Not at all</i>	<i>Somewhat</i>	<i>Moderately</i>	<i>Quite a bit</i>
Ever had to push up on the bulge in the vaginal area with your fingers to start or complete urination?	<i>Not at all</i>	<i>Somewhat</i>	<i>Moderately</i>	<i>Quite a bit</i>

Urinary Distress Inventory

Do you experience, and, if so, how much are you bothered by.....				
Usually experience frequent urination?	<i>Not at all</i>	<i>Somewhat</i>	<i>Moderately</i>	<i>Quite a bit</i>
Usually experience urine leakage along with a feeling of urgency, this is a strong sensation of needing to go to the bathroom?	<i>Not at all</i>	<i>Somewhat</i>	<i>Moderately</i>	<i>Quite a bit</i>
Usually experience urine leakage related to coughing, sneezing or laughing?	<i>Not at all</i>	<i>Somewhat</i>	<i>Moderately</i>	<i>Quite a bit</i>
Usually experience small amounts of urine leakage (that is, drops)?	<i>Not at all</i>	<i>Somewhat</i>	<i>Moderately</i>	<i>Quite a bit</i>
Usually experience difficulty emptying your bladder?	<i>Not at all</i>	<i>Somewhat</i>	<i>Moderately</i>	<i>Quite a bit</i>
Usually experience pain or discomfort in the lower abdominal or genital region?	<i>Not at all</i>	<i>Somewhat</i>	<i>Moderately</i>	<i>Quite a bit</i>

Colorectal-Anal Distress Inventory

Do you experience, and, if so, how much are you bothered by.....				
Feel you need to strain too hard to have a bowel movement?	<i>Not at all</i>	<i>Somewhat</i>	<i>Moderately</i>	<i>Quite a bit</i>
Feel you have not completely emptied your bowel at the end of a bowel movement?	<i>Not at all</i>	<i>Somewhat</i>	<i>Moderately</i>	<i>Quite a bit</i>
Usually lose stool beyond your control if your stool is well formed?	<i>Not at all</i>	<i>Somewhat</i>	<i>Moderately</i>	<i>Quite a bit</i>
Usually lose stool beyond your control if your stool is loose?	<i>Not at all</i>	<i>Somewhat</i>	<i>Moderately</i>	<i>Quite a bit</i>
Usually lose gas from the rectum beyond your control?	<i>Not at all</i>	<i>Somewhat</i>	<i>Moderately</i>	<i>Quite a bit</i>
Experience a strong sense of urgency and have to rush to the bathroom to have a bowel movement?	<i>Not at all</i>	<i>Somewhat</i>	<i>Moderately</i>	<i>Quite a bit</i>
Does part of your bowel ever pass through the rectum and bulge outside during or after a bowel movement?	<i>Not at all</i>	<i>Somewhat</i>	<i>Moderately</i>	<i>Quite a bit</i>

Pelvic Floor Impact Questionnaire- short form 7

Some women find that bladder symptoms affect their activities, relationships, and feelings.

For each question PLEASE MARK THE ANSWER that best describes how much your activities, relationships, or feelings have been affected by you current bladder status.

How do your symptoms or conditions relate to the following usually affect your:	Bladder or urine	Bowel or rectum	Vagina or pelvis
1) Ability to do household chores (cooking, housecleaning, laundry)?	<input type="checkbox"/> Not all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit	<input type="checkbox"/> Not all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit	<input type="checkbox"/> Not all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit
2) Ability to do physical activities such as walking, swimming, or other exercise?	<input type="checkbox"/> Not all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit	<input type="checkbox"/> Not all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit	<input type="checkbox"/> Not all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit
3) Entertainment activities such as going to a movie or concert?	<input type="checkbox"/> Not all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit	<input type="checkbox"/> Not all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit	<input type="checkbox"/> Not all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit

How do your symptoms or conditions relate to the following usually affect you:	Bladder or urine	Bowel or rectum	Vagina or pelvis
4) Participating in social activities outside your home?	<input type="checkbox"/> Not all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit	<input type="checkbox"/> Not all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit	<input type="checkbox"/> Not all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit
5) Emotional health (nervousness, depression, etc)?	<input type="checkbox"/> Not all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit	<input type="checkbox"/> Not all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit	<input type="checkbox"/> Not all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit
6) Feeling frustrated?	<input type="checkbox"/> Not all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit	<input type="checkbox"/> Not all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit	<input type="checkbox"/> Not all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit

Please mark an "X" in the box that best describes you and your situation.

	Never	Rarely	Sometimes	Often
Does coughing gently cause you to lose urine?				
Does coughing hard cause you to lose urine?				
Does sneezing cause you to lose urine?				
Does lifting objects cause you to lose urine?				
Does bending cause you to lose urine?				
Does laughing cause you to lose urine?				
Does walking briskly/jogging cause you to lose urine?				
Does straining when constipated cause you to lose urine?				
Does moving from sitting to standing cause you to lose urine?				
Some women receive very little warning and find that they are losing or about to lose urine beyond their control. How often does this happen to you? (Would you say....)				
If you can't find a toilet or find that the toilet is occupied, and you have an urge to urinate, how often do you end up losing urine or wetting yourself? (Would you say....)				
Do you lose urine when you suddenly have the feeling that your bladder is very full?				

Does washing your hands cause you to lose urine?	Never	Rarely	Sometimes	Often
Does cold weather cause you to lose urine?	Never	Rarely	Sometimes	Often
Does drinking a cold beverage cause you to lose urine?	Never	Rarely	Sometimes	Often

AUA SYMPTOM SCORE

Incomplete emptying: Over the past month, how often have you had a sensation of not emptying your bladder completely after you finished urinating?	<i>Not at all</i>	<i>Less than 1 time in 5</i>	<i>Less than half the time</i>	<i>About half the time</i>	<i>More than half the time</i>	<i>Almost always</i>
Frequency: Over the past month, how often have you had to urinate again less than 2 hours after you finished urinating?	<i>Not at all</i>	<i>Less than 1 time in 5</i>	<i>Less than half the time</i>	<i>About half the time</i>	<i>More than half the time</i>	<i>Almost always</i>
Intermittency: Over the past month, how often have you found that you stopped and started again several times when you urinated?	<i>Not at all</i>	<i>Less than 1 time in 5</i>	<i>Less than half the time</i>	<i>About half the time</i>	<i>More than half the time</i>	<i>Almost always</i>
Urgency: Over the past month, how often have you found it difficult to postpone urination?	<i>Not at all</i>	<i>Less than 1 time in 5</i>	<i>Less than half the time</i>	<i>About half the time</i>	<i>More than half the time</i>	<i>Almost always</i>
Weak-stream: Over the past month, how often have you had a weak stream?	<i>Not at all</i>	<i>Less than 1 time in 5</i>	<i>Less than half the time</i>	<i>About half the time</i>	<i>More than half the time</i>	<i>Almost always</i>
Straining: Over the past month, how often have you had to push or strain to begin urination?	<i>Not at all</i>	<i>Less than 1 time in 5</i>	<i>Less than half the time</i>	<i>About half the time</i>	<i>More than half the time</i>	<i>Almost always</i>
Nocturia: Over the past month or so, how many times did you get up to urinate from the time you went to bed until the time you got up in the morning?	<i>None</i>	<i>1 time</i>	<i>2 times</i>	<i>3 times</i>	<i>4 times</i>	<i>5 times or more</i>

Reviewed: Initials _____ Date _____