

IMPACT: Prolapse and Urinary Function Symptoms in Women

Name: _____ DOB: _____

Many women experience prolapse or urinary symptoms some of the time. We are trying to find out how many women experience these symptoms, and how much they bother them. We would be grateful if you could answer the following questions, thinking about how you have been, on average, over the LAST 3 MONTHS. If you do not have any bothersome urinary symptoms or prolapse symptoms, please SKIP these pages and go to the last page, where you will be asked a few more questions about your sexual function.

1 Do you usually have a bulge or something falling out that you can see or feel in your vaginal area?

NO
SKIP TO Q2

YES
PROCEED

How much does it bother you? →

Not at all	PLEASE CIRCLE A NUMBER							A great deal	
1	2	3	4	5	6	7	8	9	10

2 Do you ever have to push on the vagina or around the rectum to have or complete a bowel movement?

NO
SKIP TO Q3

YES
PROCEED

How much does it bother you? →

Not at all	PLEASE CIRCLE A NUMBER							A great deal	
1	2	3	4	5	6	7	8	9	10

3 Do you ever have to push on a bulge on the vaginal area with your fingers to start or complete urination?

NO
SKIP TO Q4

YES
PROCEED

How much does it bother you? →

Not at all	PLEASE CIRCLE A NUMBER							A great deal	
1	2	3	4	5	6	7	8	9	10

4 Do you usually experience frequent urination?

NO
SKIP TO Q5

YES
PROCEED

During the night, how many times do you have to get up to urinate, on average?

1 time	2	3	4+ times
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How much does it bother you?

PLEASE CIRCLE A NUMBER									
Not at all								A great deal	
1	2	3	4	5	6	7	8	9	10

How often do you pass urine during the day?

1-6 times	7-8	9-10	11-12	13+ times
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How much does it bother you?

PLEASE CIRCLE A NUMBER									
Not at all								A great deal	
1	2	3	4	5	6	7	8	9	10

5 Do you have a sudden need to rush to the toilet to urinate?

NO
SKIP TO Q6

YES
PROCEED

How often?

Occasionally	Sometimes	Most of the time	All of the time
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How much does it bother you?

PLEASE CIRCLE A NUMBER									
Not at all								A great deal	
1	2	3	4	5	6	7	8	9	10

6 Do you usually experience pain, pressure or discomfort in your bladder, lower abdomen or genital region?

NO
SKIP TO Q7

YES
PROCEED

How often? →

Occasionally	Sometimes	Most of the time	All of the time
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How much does it bother you? →

Not at all		PLEASE CIRCLE A NUMBER						A great deal	
1	2	3	4	5	6	7	8	9	10

7 Do you usually experience heaviness or dullness in the pelvic area?

NO
SKIP TO Q8

YES
PROCEED

How often? →

Occasionally	Sometimes	Most of the time	All of the time
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How much does it bother you? →

Not at all		PLEASE CIRCLE A NUMBER						A great deal	
1	2	3	4	5	6	7	8	9	10

8 Do you usually experience pain or discomfort in the lower abdomen or genital region?

NO
SKIP TO Q9

YES
PROCEED

How often? →

Occasionally	Sometimes	Most of the time	All of the time
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How much does it bother you? →

Not at all		PLEASE CIRCLE A NUMBER						A great deal	
1	2	3	4	5	6	7	8	9	10

15 Does urine leak when you are physically active, exert yourself, cough or sneeze?

NO
SKIP TO Q16

YES
PROCEED

How often? →

Occasionally	Sometimes	Most of the time	All of the time
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How much does it bother you? →

Not at all			PLEASE CIRCLE A NUMBER				A great deal		
1	2	3	4	5	6	7	8	9	10

16 Do you ever leak urine for no obvious reason and without feeling that you want to go?

NO
SKIP TO Q17

YES
PROCEED

How often? →

Occasionally	Sometimes	Most of the time	All of the time
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How much does it bother you? →

Not at all			PLEASE CIRCLE A NUMBER				A great deal		
1	2	3	4	5	6	7	8	9	10

17 Do you leak urine when you are asleep?

NO
SKIP TO Q18

YES
PROCEED

How often? →

Occasionally	Sometimes	Most of the time	All of the time
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How much does it bother you? →

Not at all			PLEASE CIRCLE A NUMBER				A great deal		
1	2	3	4	5	6	7	8	9	10

18 Do you usually experience small amounts of urine leakage that is, drops)?

NO

YES
PROCEED

How often?

How much does it bother you?

Occasionally	Sometimes	Most of the time	All of the time
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Not at all		PLEASE CIRCLE A NUMBER						A great deal	
1	2	3	4	5	6	7	8	9	10