Inova Women's Pelvic & Bladder Health

Name _____ Date_____

Date of Birth _____ Age_____ □ S □ M □ SEP □ DIV □ WID

Race_____ Parity ____-____-____-____ Referring MD _____

Evaluated by _____

Please describe any health problems related to your bladder or pelvic floor:

Please note any external records that we need to review:

Pelvic Floor Distress Inventory – short form 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 selecting the appropriate box or boxes. While answering these questions, please consider your symptoms **over the last 3 months.**

All items use the following format with a response scale from 0 to 4.

Do you _____?

□ No; □Yes
0 **If yes, how much does it bother you?**
□ 1 □ 2 □ 3 □ 4
Not at all Somewhat Moderately Quite a bit

Pelvic Organ Prolapse Distress Inventory 6 (POPDI-6)

1. Usually experience *pressure* in the lower abdomen?

□ No; □Yes
0 **If yes, how much does it bother you?**
□ 1 □ 2 □ 3 □ 4
Not at all Somewhat Moderately Quite a bit

2. Usually experience *heaviness or dullness* in the pelvic area?

□ No; □Yes
0 **If yes, how much does it bother you?**
□ 1 □ 2 □ 3 □ 4
Not at all Somewhat Moderately Quite a bit

3. Usually have a bulge or something falling out that you can see or feel in your vaginal area?

□ No; □Yes
0 **If yes, how much does it bother you?**
□ 1 □ 2 □ 3 □ 4
Not at all Somewhat Moderately Quite a bit

4. Ever have to push on the vagina or around the rectum to have or complete a bowel movement?

□ No; □Yes
0 **If yes, how much does it bother you?**
□ 1 □ 2 □ 3 □ 4
Not at all Somewhat Moderately Quite a bit

5. Usually experience a feeling of incomplete bladder emptying?

□ No; □Yes
0 **If yes, how much does it bother you?**
□ 1 □ 2 □ 3 □ 4
Not at all Somewhat Moderately Quite a bit

6. Ever have to push up on a bulge in the vaginal area with your fingers to start or complete urination?

□ **No;**	□**Yes**			
0	**If yes, how much does it bother you?**			
	□ **1**	□ **2**	□ **3**	□ **4**
	Not at all	**Somewhat**	**Moderately**	**Quite a bit**

How long have you had the above symptoms? _____months, _____years
What has made these symptoms better:_____
What has made these symptoms worse:_____

Colorectal-Anal Distress Inventory 8 (CRADI-8):

Frequency of stool: _____ per day_____ per week _____ per month
(Select one or more):□ Laxatives? □ Suppositories? □ Enemas?

7. Feel you need to (Select one or more):
□ **S**train too hard to have a bowel movement?
□ **P**ress inside the vagina to have a bowel movement?
□ press on the perineum to have a bowel movement?
□ **M**anually disimpact?

□ **No;**	□**Yes**			
0	**If yes, how much does it bother you?**			
	□ **1**	□ **2**	□ **3**	□ **4**
	Not at all	**Somewhat**	**Moderately**	**Quite a bit**

8. Feel you have not completely emptied your bowels at the end of a bowel movement?

□ **No;**	□**Yes**			
0	**If yes, how much does it bother you?**			
	□ **1**	□ **2**	□ **3**	□ **4**
	Not at all	**Somewhat**	**Moderately**	**Quite a bit**

9. Usually lose stool beyond your control if your stool is well formed?

□ **No;**	□**Yes**			
0	**If yes, how much does it bother you?**			
	□ **1**	□ **2**	□ **3**	□ **4**
	Not at all	**Somewhat**	**Moderately**	**Quite a bit**

10. Usually lose stool beyond your control if your stool is loose?

□ **No;**	□**Yes**			
0	**If yes, how much does it bother you?**			
	□ **1**	□ **2**	□ **3**	□ **4**
	Not at all	**Somewhat**	**Moderately**	**Quite a bit**

11. Usually lose gas from the rectum beyond your control?

□ **No;**	□**Yes**			
0	**If yes, how much does it bother you?**			
	□ **1**	□ **2**	□ **3**	□ **4**
	Not at all	**Somewhat**	**Moderately**	**Quite a bit**

12. Usually have pain when you pass your stool?

□ **No;** □**Yes**
0 **If yes, how much does it bother you?**
□ **1** □ **2** □ **3** □ **4**
Not at all **Somewhat** **Moderately** **Quite a bit**

13. Experience a strong sense of urgency and have to rush to the bathroom to have a bowel movement?

□ **No;** □**Yes**
0 **If yes, how much does it bother you?**
□ **1** □ **2** □ **3** □ **4**
Not at all **Somewhat** **Moderately** **Quite a bit**

14. Does part of your bowel ever pass through the anus and bulge outside during or after a bowel movement?

□ **No;** □**Yes**
0 **If yes, how much does it bother you?**
□ **1** □ **2** □ **3** □ **4**
Not at all **Somewhat** **Moderately** **Quite a bit**

How long have you had the above symptoms? _____months, _____years
What has made these symptoms better:_____
What has made these symptoms worse:_____

Urinary Distress Inventory 6 (UDI-6):

Frequency of urination: _____ per day _____ per night
FREQUENCY OF INCONTINENCE: _____ times/day or every _____ hours,
up to urinate_____ times/night

15. Usually experience frequent urination?

□ **No;** □**Yes**
0 **If yes, how much does it bother you?**
□ **1** □ **2** □ **3** □ **4**
Not at all **Somewhat** **Moderately** **Quite a bit**

16. Usually experience urine leakage associated with a feeling of urgency, that is, a strong sensation associated with (Select one or more):
□ Running to bathroom □ leakage before pulling pants down □ running water □ putting a key in a door
□ sexual intercourse

□ **No;** □**Yes**
0 **If yes, how much does it bother you?**
□ **1** □ **2** □ **3** □ **4**
Not at all **Somewhat** **Moderately** **Quite a bit**

17. Usually experience urine leakage related to (Select one or more)
□ coughing, □ sneezing, □ laughing, □ standing □ walking

□ No; □Yes				
0	**If yes, how much does it bother you?**			
	□ 1	**□ 2**	**□ 3**	**□ 4**
	Not at all	**Somewhat**	**Moderately**	**Quite a bit**

18. Usually experience small amounts of urine leakage (that is, drops)?

□ No; □Yes				
0	**If yes, how much does it bother you?**			
	□ 1	**□ 2**	**□ 3**	**□ 4**
	Not at all	**Somewhat**	**Moderately**	**Quite a bit**

19. Usually experience urinary (Select one or more)
□ hesitancy □ straining to void □ poor flow □ intermittent stream □ post-micturition dribble
□ difficulty emptying your bladder

□ No; □Yes				
0	**If yes, how much does it bother you?**			
	□ 1	**□ 2**	**□ 3**	**□ 4**
	Not at all	**Somewhat**	**Moderately**	**Quite a bit**

20. Usually experience *pain or discomfort* in the (Select one or more)
□ lower abdomen □ genital region □ bladder □ urethra?

□ No; □Yes				
0	**If yes, how much does it bother you?**			
	□ 1	**□ 2**	**□ 3**	**□ 4**
	Not at all	**Somewhat**	**Moderately**	**Quite a bit**

How long have you had the above symptoms? _____months, _____years
What has made these symptoms better:_____
What has made these symptoms worse:_____

PREVIOUS TREATMENT? □ NO □ YES:
(Describe)_____
_____
(Select one or more)□ Detrol □ Ditropan □ Vesicare □ Enablex □ Sanctura □ other:_____
Previous Bladder infections □ No □ Yes _____in past year
Previous kidney infections □ No □ Yes
History of kidney stones or urinary bladder stones? □ No □ Yes

FOR OFFICE USE:
Scale scores: Obtain the mean value of all of the answered items within the corresponding scale (possible value 0 to 4) and then multiply by 25 to obtain the scale score (range 0 to 100). Missing items are dealt with by using the mean from answered items only.

PFDI – 20 Summary Score: Add the scores from the 3 scales together to obtain the summary score (range 0 to 300).

PELVIC FLOOR IMPACT QUESTIONNAIRE – short form 7

Instructions: Some women find that bladder, bowel, or vaginal symptoms affect their activities, relationships, and feelings. For each question select the appropriate box for the response 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 make sure you mark an answer in **all 3 columns** for each question.

How do 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)?	□ Not at all □ Somewhat □ Moderately □ Quite a bit	□ Not at all □ Somewhat □ Moderately □ Quite a bit	□ Not at all □ Somewhat □ Moderately □ Quite a bit
2. Ability to do physical activities such as walking, swimming, or other exercise?	□ Not at all □ Somewhat □ Moderately □ Quite a bit	□ Not at all □ Somewhat □ Moderately □ Quite a bit	□ Not at all □ Somewhat □ Moderately □ Quite a bit
3. Entertainment activities such as going to a movie or concert?	□ Not at all □ Somewhat □ Moderately □ Quite a bit	□ Not at all □ Somewhat □ Moderately □ Quite a bit	□ Not at all □ Somewhat □ Moderately □ Quite a bit
4. Ability to travel by car or bus for a distance greater than 30 minutes away from home?	□ Not at all □ Somewhat □ Moderately □ Quite a bit	□ Not at all □ Somewhat □ Moderately □ Quite a bit	□ Not at all □ Somewhat □ Moderately □ Quite a bit
5. Participating in social activities outside your home?	□ Not at all □ Somewhat □ Moderately □ Quite a bit	□ Not at all □ Somewhat □ Moderately □ Quite a bit	□ Not at all □ Somewhat □ Moderately □ Quite a bit
6. Emotional health (nervousness, depression, etc)?	□ Not at all □ Somewhat □ Moderately □ Quite a bit	□ Not at all □ Somewhat □ Moderately □ Quite a bit	□ Not at all □ Somewhat □ Moderately □ Quite a bit
7. Feeling frustrated?	□ Not at all □ Somewhat □ Moderately □ Quite a bit	□ Not at all □ Somewhat □ Moderately □ Quite a bit	□ Not at all □ Somewhat □ Moderately □ Quite a bit

FOR OFFICE USE:

Scoring the PFIQ – 7:

All of the items use the following response scale:

0, Not at all; 1, somewhat; 2, moderately; 3, quite a bit

Scales:

Urinary Impact Questionnaire (UIQ-7): 7 items under column heading "Bladder or urine."

Colorectal-Anal Impact Questionnaire (CRAIQ-7): 7 items under column heading "Bowel or rectum."

Pelvic Organ Prolapse Impact Questionnaire (POPIQ-7): 7 items under column heading "Pelvis or vagina."

Scale scores: Obtain the mean value for all of the answered items within the corresponding scale (possible value 0 to 3) and then multiply by (100/3) to obtain the scale score (range 0 to 100). Missing items are dealt with by using the mean from answered items only.

PFIQ-7 Summary Score: Add the scores from the 3 scales together to obtain the summary score (0 to 300).

Date:_____ ID#_____

QUESTIONS RELATED TO YOUR SEXUAL HEALTH AND FUNCTION

In answering the following questions, the terms below apply:
Sexual activity includes caressing, foreplay, masturbation and vaginal intercourse.
Sexual intercourse is defined as penile penetration (entry) of the vagina.
Sexual stimulation includes situations like foreplay with a partner, self-stimulation (masturbation), oral stimulation, or sexual fantasy.
Sexual desire or **interest** is a feeling that includes wanting to have a sexual experience, feeling receptive to a partner's sexual initiation, and thinking or fantasizing about having sex.

FSFI SCORING APPENDIX

Are you sexually active: □ Yes □ No
If yes:
Do you feel **vaginal pain** with: □ superficial penetration □ deep penetration □ all the time.
Do you feel **bladder pain** with: □ superficial penetration □ deep penetration □ all the time.

Please answer the following questions if you perceive that you need help with sexual functioning

Question	Response Options
1. Over the past 4 weeks, how **often** did you feel sexual desire or interest?	□ 5 = Almost always or always □ 4 = Most times (more than half the time) □ 3 = Sometimes (about half the time) □ 2 = A few times (less than half the time) □ 1 = Almost never or never
2. Over the past 4 weeks, how would you rate your **level** (degree) of sexual desire or interest?	□ 5 = Very high □ 4 = High □ 3 = Moderate □ 2 = Low □ 1 = Very low or none at all
3. Over the past 4 weeks, how **often** did you feel sexually aroused ("turned on") during sexual activity or intercourse?	□ 0 = No sexual activity □ 5 = Almost always or always □ 4 = Most times (more than half the time) □ 3 = Sometimes (about half the time) □ 2 = A few times (less than half the time) □ 1 = Almost never or never
4. Over the past 4 weeks, how would you rate your **level** of sexual arousal ("turn on") during sexual activity or intercourse?	□ 0 = No sexual activity □ 5 = Very high □ 4 = High □ 3 = Moderate □ 2 = Low □ 1 = Very low or none at all
5. Over the past 4 weeks, how **confident** were you about becoming sexually aroused during sexual activity or intercourse?	□ 0 = No sexual activity □ 5 = Very high confidence □ 4 = High confidence □ 3 = Moderate confidence □ 2 = Low confidence □ 1 = Very low or no confidence
6. Over the past 4 weeks, how **often** have you been satisfied with your arousal (excitement) during sexual activity or	□ 0 = No sexual activity □ 5 = Almost always or always □ 4 = Most times (more than half the time)

intercourse?	□ 3 = Sometimes (about half the time) □ 2 = A few times (less than half the time) □ 1 = Almost never or never
7. Over the past 4 weeks, how **often** did you become lubricated ("wet") during sexual activity or intercourse?	□ 0 = No sexual activity □ 5 = Almost always or always □ 4 = Most times (more than half the time) □ 3 = Sometimes (about half the time) □ 2 = A few times (less than half the time) □ 1 = Almost never or never
8. Over the past 4 weeks, how **difficult** was it to become lubricated ("wet") during sexual activity or intercourse?	□ 0 = No sexual activity □ 1 = Extremely difficult or impossible □ 2 = Very difficult □ 3 = Difficult □ 4 = Slightly difficult □ 5 = Not difficult
9. Over the past 4 weeks, how often did you **maintain** your lubrication ("wetness") until completion of sexual activity or intercourse?	□ 0 = No sexual activity □ 5 = Almost always or always □ 4 = Most times (more than half the time) □ 3 = Sometimes (about half the time) □ 2 = A few times (less than half the time) □ 1 = Almost never or never
10. Over the past 4 weeks, how **difficult** was it to maintain your lubrication ("wetness") until completion of sexual activity or intercourse?	□ 0 = No sexual activity □ 1 = Extremely difficult or impossible □ 2 = Very difficult □ 3 = Difficult □ 4 = Slightly difficult □ 5 = Not difficult
11. Over the past 4 weeks, when you had sexual stimulation or intercourse, how **often** did you reach orgasm (climax)?	□ 0 = No sexual activity □ 5 = Almost always or always □ 4 = Most times (more than half the time) □ 3 = Sometimes (about half the time) □ 2 = A few times (less than half the time) □ 1 = Almost never or never
12. Over the past 4 weeks, when you had sexual stimulation or intercourse, how **difficult** was it for you to reach orgasm (climax)?	□ 0 = No sexual activity □ 1 = Extremely difficult or impossible □ 2 = Very difficult □ 3 = Difficult □ 4 = Slightly difficult □ 5 = Not difficult
13. Over the past 4 weeks, how **satisfied** were you with your ability to reach orgasm (climax) during sexual activity or intercourse?	□ 0 = No sexual activity □ 5 = Very satisfied □ 4 = Moderately satisfied □ 3 = About equally satisfied and dissatisfied □ 2 = Moderately dissatisfied □ 1 = Very dissatisfied
14. Over the past 4 weeks, how **satisfied** have you been with the amount of emotional closeness during sexual activity between you and your partner?	□ 5 = Very satisfied □ 4 = Moderately satisfied □ 3 = About equally satisfied and dissatisfied □ 2 = Moderately dissatisfied □ 1 = Very dissatisfied

15. Over the past 4 weeks, how **satisfied** have you been with your sexual relationship with your partner?	□ 5 = Very satisfied □ 4 = Moderately satisfied □ 3 = About equally satisfied and dissatisfied □ 2 = Moderately dissatisfied □ 1 = Very dissatisfied
16. Over the past 4 weeks, how **satisfied** have you been with your overall sexual life?	□ 5 = Very satisfied □ 4 = Moderately satisfied □ 3 = About equally satisfied and dissatisfied □ 2 = Moderately dissatisfied □ 1 = Very dissatisfied
17. Over the past 4 weeks, how **often** did you experience discomfort or pain during vaginal penetration?	□ 0 = Did not attempt intercourse □ 1 = Almost always or always □ 2= Most times (more than half the time) □ 3 = Sometimes (about half the time) □ 4 = A few times (less than half the time) □ 5 = Almost never or never
18. Over the past 4 weeks, how **often** did you experience discomfort or pain following vaginal penetration?	□ 0 = Did not attempt intercourse □ 1 = Almost always or always □ 2= Most times (more than half the time) □ 3 = Sometimes (about half the time) □ 4 = A few times (less than half the time) □ 5 = Almost never or never
19. Over the past 4 weeks, how would you rate your **level** (degree) of discomfort or pain during or following vaginal penetration?	□ 0 = Did not attempt intercourse □ 1 = Very high □ 2 = High □ 3 = Moderate □ 4 = Low □ 5 = Very low or none at all

FOR OFFICE USE:
The individual domain scores and full scale (overall) score of the FSFI can be derived from the computational formula outline in the table below. For individual domain scores, add the scores of the individual items that comprise the domain and multiply the sum by the domain factor (see below). Add the six domain scores to obtain the full scale score. It should be noted that within the individual domains, a domain score of zero indicates that the subject reported having no sexual activity during the past month. Subject scores can be entered in the right-hand column.

Domain	**Questions**	**Score Range**	**Factor**	**Minimum Score**	**Maximum Score**	**Score**
Desire	1,2	1-5	0.6	1.2	6.0	
Arousal	3,4,5,6	0-5	0.3	0	6.0	
Lubrication	7,8,9,10	0-5	0.3	0	6.0	
Orgasm	11,12,13	0-5	0.4	0	6.0	
Satisfaction	14, 15, 16	0 (or 1) – 5	0.4	0.8	6.0	
Pain	17, 18, 19	0-5	0.4	0	6.0	
			Full Scale Score Range	**2.0**	**36.0**	

ID # _____ DATE: _____