

Pelvic Organ Prolapse (POP) Patient Questionnaire) CONFIDENTIAL	Name: Date of Birth: Unit No./CHI
--	---

Prolapse is a common condition affecting the normal support of the pelvic organs, which results in descent or 'dropping down' of the vaginal walls and/or the pelvic organs themselves. This can include the bladder, the bowel and the womb. Prolapse may cause a variety of symptoms.

We would be grateful if you could answer the following questions, thinking about how you have been, on average, over the **LAST FOUR WEEKS**. *Please tick one box for each question.*

How often during the last four weeks have you had the following symptoms:	Never	Occasionally	Sometimes	Most of the time	All of the time
A1 A feeling of something coming down from or in your vagina	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A2 An uncomfortable feeling or pain in your vagina, which is worse when standing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A3 A heaviness or dragging feeling in your lower abdomen (tummy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A4 A heaviness or dragging feeling in your lower back	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A5 A need to strain or push to empty your bladder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A6 A feeling that your bladder has not emptied completely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A7 A feeling that your bowel has not emptied completely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Which of the above has caused you the most bother?	Please enter a number from 1 to 7 or choose 'not applicable' A <input style="width: 40px; height: 25px; border: 1px solid black;" type="text"/> Not applicable <input style="width: 40px; height: 25px; border: 1px solid black;" type="text"/>
--	--

Thank you for completing this questionnaire

Copyright © 2008 S Hagen

Overall, how much do your vaginal symptoms interfere with your everyday life?
Please circle the number in the scale below that applies to you.

0	1	2	3	4	5	6	7	8	9	10	
Not at all											A great deal

For Staff Use Only - Scoring: Never = 0 Occasionally = 1 Sometimes = 2
Most of the time = 3 All the time = 4