

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

9 Is there a delay before you can start to urinate/ have difficulty emptying your bladder?

☐ **NO**
SKIP TO Q10

☐ **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

10 Do you have to strain to urinate?

☐ **NO**
SKIP TO Q11

☐ **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

11 Do you stop and start more than once while you urinate?

☐ **NO**
SKIP TO Q12

☐ **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

12 Do you usually experience a feeling of incomplete bladder emptying?

☐ **NO**
SKIP TO Q13

☐ **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

13 Do you usually experience urine leakage?

☐ **NO**
SKIP TO Q14

☐ **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

14 Does urine leak before you can get to the toilet because you feel urgency, that is a strong sensation of needing to go to the bathroom?

☐ **NO**
SKIP TO Q15

☐ **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?

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