

Name: _____ Date: ____/____/____

1. Do you usually experience *pressure* in the lower abdomen?

No; Yes

0

If yes, how much does this bother you?

1 2 3 4
Not at All - Somewhat - Moderately - Quite a bit

2. Do you usually experience *heaviness or dullness* in the pelvic area?

No; Yes

0

If yes, how much does this bother you?

1 2 3 4
Not at All - Somewhat - Moderately - Quite a bit

3. Do you usually have a bulge or something falling out that you can see or feel in the vaginal area?

No; Yes

0

If yes, how much does this bother you?

1 2 3 4
Not at All - Somewhat - Moderately - Quite a bit

4. Do you usually 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 this bother you?

1 2 3 4
Not at All - Somewhat - Moderately - Quite a bit

5. Do you usually experience a feeling of incomplete bladder emptying?

No; Yes

0

If yes, how much does this bother you?

1 2 3 4
Not at All - Somewhat - Moderately - Quite a bit

6. Do you 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 this bother you?

1 2 3 4
Not at All - Somewhat - Moderately - Quite a bit

7. Do you feel you need to strain too hard to have a bowel movement?

No; Yes
0

If yes, how much does this bother you?

1 2 3 4
Not at All - Somewhat - Moderately - Quite a bit

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

No; Yes
0

If yes, how much does this bother you?

1 2 3 4
Not at All - Somewhat - Moderately - Quite a bit

9. Do you usually lose stool beyond your control if your stool is well formed?

No; Yes
0

If yes, how much does this bother you?

1 2 3 4
Not at All - Somewhat - Moderately - Quite a bit

10. Do you usually lose stool beyond your control if your stool is loose or liquid?

No; Yes
0

If yes, how much does this bother you?

1 2 3 4
Not at All - Somewhat - Moderately - Quite a bit

11. Do you usually lose gas from the rectum beyond your control?

No; Yes
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If yes, how much does this bother you?

1 2 3 4
Not at All - Somewhat - Moderately - Quite a bit

12. Do you usually have pain when you pass your stool?

No; Yes
0

If yes, how much does this bother you?

1 2 3 4
Not at All - Somewhat - Moderately - Quite a bit

13. Do you 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 this bother you?

1 2 3 4
Not at All - Somewhat - Moderately - Quite a bit

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

No; Yes
0

If yes, how much does this bother you?

1 2 3 4
Not at All - Somewhat - Moderately - Quite a bit

15. Do you usually experience frequent urination?

No; Yes
0

If yes, how much does this bother you?

1 2 3 4
Not at All - Somewhat - Moderately - Quite a bit

16. Do you usually experience urine leakage associated with a feeling of urgency; that is, a strong sensation of needing to go to the bathroom?

No; Yes
0

If yes, how much does this bother you?

1 2 3 4
Not at All - Somewhat - Moderately - Quite a bit

17. Do you usually experience urine leakage related to coughing, sneezing, or laughing?

No; Yes
0

If yes, how much does this bother you?

1 2 3 4
Not at All - Somewhat - Moderately - Quite a bit

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

No; Yes

0

If yes, how much does this bother you?

1 2 3 4
Not at All - Somewhat - Moderately - Quite a bit

19. Do you usually experience difficulty emptying your bladder?

No; Yes

0

If yes, how much does this bother you?

1 2 3 4
Not at All - Somewhat - Moderately - Quite a bit

20. Do you usually experience *pain* or *discomfort* in the lower abdomen or genital region?

No; Yes

0

If yes, how much does this bother you?

1 2 3 4
Not at All - Somewhat - Moderately - Quite a bit

Thank you for taking the time to complete this questionnaire
