

## Quality of Life Questionnaire – Pelvic Prolapse or Urine Leakage

Has your urine leakage or pelvic prolapse affected your:

- (1) Ability to do household chores?  
Very much      Somewhat      A little      Not at all
- (2) Physical exercise such as walking, swimming or exercise?  
Very much      Somewhat      A little      Not at all
- (3) Entertainment activities (movies, concerts, etc)?  
Very much      Somewhat      A little      Not at all
- (4) Ability to travel by car or bus more than 30 minutes  
Very much      Somewhat      A little      Not at all
- (5) Participate in social activities outside the home?  
Very much      Somewhat      A little      Not at all
- (6) Emotional health (nervous, depression, frustration level)?  
Very much      Somewhat      A little      Not at all
- (7) Ability to enjoy sexual activity  
Very much      Somewhat      A little      Not at all

Have you limited your water intake because you are afraid of leaking?

Very much      Somewhat      A little      Not at all

Do you experience, and if so, how much are you bothered by:

- (1) Frequent urination  
Very much      Somewhat      A little      Not at all
- (2) Urine leakage related to a feeling of urgency?  
Very much      Somewhat      A little      Not at all
- (3) Urine leakage related to physical activity (coughing, jumping, standing suddenly, laughing, lifting)?  
Very much      Somewhat      A little      Not at all

(4) Small amounts of leaking (drops)?  
Very much      Somewhat      A little      Not at all

(5) Relatively large amounts (most of the bladder contents)?  
Very much      Somewhat      A little      Not at all

(6) Difficulty emptying your bladder?  
Very much      Somewhat      A little      Not at all

(7) Pain or discomfort in the area of your bladder, pelvis or lower abdomen?  
Very much      Somewhat      A little      Not at all

(8) Inability to use tampons?  
Very much      Somewhat      A little      Not at all

(9) Loss of urine with sexual activity?

If you have pain or pressure or discomfort, please tell us more about it.

(1) When did it start?

(2) Did it start suddenly or gradually?

(3) How severe is the problem?

(4) What aggravates or relieves it?

(5) Does it radiate anywhere?

(6) What is the nature of the pain? Deep, dull, sharp, pressure like, throbbing, knife like?

(7) What symptoms are associated with it?

(8) Where exactly is the pain, pressure or discomfort?

If you have leaking, please tell us a little more about it?

(1) When did it start?

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- (2) Did it start suddenly or gradually?
- (3) How severe is the problem? (1/10 scale)
- (4) What aggravates or relieves it?
  
- (5) What symptoms are associated with it?

(6) Where exactly is the pain, pressure or discomfort?

Do you have fecal urgency or staining or trouble controlling your stool? Gas?