

PELVIC FLOOR IMPACT QUESTIONNAIRE

Name: _____ D.O.B _____ Date: _____

Complete only the column(s) that are applicable.

How do symptoms / conditions related to the following usually affect you?

Choose the most appropriate answer.

N=Not at all S= Somewhat M= Moderately Q= Quite a bit

Bladder/Urine Bowel/Rectum Pelvis/Vagina

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|----|--|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | Ability to do household chores (cooking, housecleaning, laundry)? | N | S | M | Q | N | S | M | Q | N | S | M | Q |
| 2 | Ability to do usual maintenance or repair work in your home or yard? | N | S | M | Q | N | S | M | Q | N | S | M | Q |
| 3 | Shopping activities? | N | S | M | Q | N | S | M | Q | N | S | M | Q |
| 4 | Hobbies and pastime activities? | N | S | M | Q | N | S | M | Q | N | S | M | Q |
| 5 | Ability to do physical activities such as walking, swimming, or other exercise? | N | S | M | Q | N | S | M | Q | N | S | M | Q |
| 6 | Entertainment activities such as going to a movie or concert? | N | S | M | Q | N | S | M | Q | N | S | M | Q |
| 7 | Ability to travel by car or bus for distances less than 20 minutes away from home? | N | S | M | Q | N | S | M | Q | N | S | M | Q |
| 8 | Ability to travel by car or bus for distance greater than 20 minutes away from home? | N | S | M | Q | N | S | M | Q | N | S | M | Q |
| 9 | Going places if you are not sure about available restrooms? | N | S | M | Q | N | S | M | Q | N | S | M | Q |
| 10 | Going on vacation? | N | S | M | Q | N | S | M | Q | N | S | M | Q |
| 11 | Church or temple attendance? | N | S | M | Q | N | S | M | Q | N | S | M | Q |
| 12 | Employment (work) outside the home? | N | S | M | Q | N | S | M | Q | N | S | M | Q |
| 13 | Having friends visit you in your home? | N | S | M | Q | N | S | M | Q | N | S | M | Q |
| 14 | Participating in social activities outside your home? | N | S | M | Q | N | S | M | Q | N | S | M | Q |
| 15 | Relationship with friends? | N | S | M | Q | N | S | M | Q | N | S | M | Q |
| 16 | Relationship with family excluding husband/companion? | N | S | M | Q | N | S | M | Q | N | S | M | Q |
| 17 | Ability to have sexual relations? | N | S | M | Q | N | S | M | Q | N | S | M | Q |
| 18 | The way you dress? | N | S | M | Q | N | S | M | Q | N | S | M | Q |
| 19 | Emotional health? | N | S | M | Q | N | S | M | Q | N | S | M | Q |
| 20 | Physical health? | N | S | M | Q | N | S | M | Q | N | S | M | Q |
| 21 | Sleep? | N | S | M | Q | N | S | M | Q | N | S | M | Q |
| 22 | Nervousness or anxiety? | N | S | M | Q | N | S | M | Q | N | S | M | Q |
| 23 | Fear? | N | S | M | Q | N | S | M | Q | N | S | M | Q |
| 24 | Frustration? | N | S | M | Q | N | S | M | Q | N | S | M | Q |
| 25 | Anger? | N | S | M | Q | N | S | M | Q | N | S | M | Q |