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  [ ] 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  [ ] 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  [ ] 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
Do you usually experience frequent urination?

During the night, how many times do you have to get up to urinate, on average?

1 time | 2 | 3 | 4+ times

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

How often do you pass urine during the day?

1-6 times | 7-8 | 9-10 | 11-12 | 13+ times

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

Do you have a sudden need to rush to the toilet to urinate?

How often?

Occasionally | Sometimes | Most of the time | All of the time

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
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

   **How much does it bother you?**

   - Not at all
   - **PLEASE CIRCLE A NUMBER**
   - A great deal
   - 1
   - 2
   - 3
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   - 6
   - 7
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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

   **How much does it bother you?**

   - Not at all
   - **PLEASE CIRCLE A NUMBER**
   - A great deal
   - 1
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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

   **How much does it bother you?**

   - Not at all
   - **PLEASE CIRCLE A NUMBER**
   - A great deal
   - 1
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9. Is there a delay before you can start to urinate/ have difficulty emptying your bladder?

- NO  ☐  YES  ☐

   How often?
   - Occasionally  ☐
   - Sometimes  ☐
   - Most of the time  ☐
   - All of the time  ☐

   How much does it bother you?
   - Not at all  ☐
   - PLEASE CIRCLE A NUMBER  1  2  3  4  5  6  7  8  9  10
   - A great deal  ☐

10. Do you have to strain to urinate?

- NO  ☐  YES  ☐

   How often?
   - Occasionally  ☐
   - Sometimes  ☐
   - Most of the time  ☐
   - All of the time  ☐

   How much does it bother you?
   - Not at all  ☐
   - PLEASE CIRCLE A NUMBER  1  2  3  4  5  6  7  8  9  10
   - A great deal  ☐

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

- NO  ☐  YES  ☐

   How often?
   - Occasionally  ☐
   - Sometimes  ☐
   - Most of the time  ☐
   - All of the time  ☐

   How much does it bother you?
   - Not at all  ☐
   - PLEASE CIRCLE A NUMBER  1  2  3  4  5  6  7  8  9  10
   - A great deal  ☐
12. Do you usually experience a feeling of incomplete bladder emptying?

- [ ] NO
- [ ] YES

How often?

- [ ] Occasionally
- [ ] Sometimes
- [ ] Most of the time
- [ ] All of the time

How much does it bother you?

- [ ] Not at all
- [ ] PLEASE CIRCLE A NUMBER
- [ ] A great deal

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13. Do you usually experience urine leakage?

- [ ] NO
- [ ] YES

How often?

- [ ] Occasionally
- [ ] Sometimes
- [ ] Most of the time
- [ ] All of the time

How much does it bother you?

- [ ] Not at all
- [ ] PLEASE CIRCLE A NUMBER
- [ ] A great deal

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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
- [ ] YES

How often?

- [ ] Occasionally
- [ ] Sometimes
- [ ] Most of the time
- [ ] All of the time

How much does it bother you?

- [ ] Not at all
- [ ] PLEASE CIRCLE A NUMBER
- [ ] A great deal

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15. Does urine leak when you are physically active, exert yourself, cough or sneeze?
- [ ] NO  [ ] YES
- How often?
- How much does it bother you?

16. Do you ever leak urine for no obvious reason and without feeling that you want to go?
- [ ] NO  [ ] YES
- How often?
- How much does it bother you?

17. Do you leak urine when you are asleep?
- [ ] NO  [ ] YES
- How often?
- How much does it bother you?
Do you usually experience small amounts of urine leakage that is, drops)?

- [ ] NO
- [ ] YES

**How often?**

- [ ] Occasionally
- [ ] Sometimes
- [ ] Most of the time
- [ ] All of the time

**How much does it bother you?**

- Not at all
- PLEASE CIRCLE A NUMBER
- A great deal

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