Outcome Measure for Pelvic Diaphragm Symptoms

Pelvic Floor Impact Questionnaire - Short Form 7 (PFIQ-7)

Please check the response that best describes how much your activities, relationships, or feelings have been affected by your bladder, bowel, and/or vaginal/penile symptoms over the last 3 months.

How do your symptoms usually affect your	Bladder	Bowel	Vaginal/Penile
1. ability to perform household maintenance?	▢ Not at all ▢ Somewhat ▢ Moderately ▢ Quite a bit	▢ Not at all ▢ Somewhat ▢ Moderately ▢ Quite a bit	▢ Not at all ▢ Somewhat ▢ Moderately ▢ Quite a bit
2. ability to participate in physical activity/exercise?	▢ Not at all ▢ Somewhat ▢ Moderately ▢ Quite a bit	▢ Not at all ▢ Somewhat ▢ Moderately ▢ Quite a bit	▢ Not at all ▢ Somewhat ▢ Moderately ▢ Quite a bit
3. ability to participate in entertainment activity?	▢ Not at all ▢ Somewhat ▢ Moderately ▢ Quite a bit	▢ Not at all ▢ Somewhat ▢ Moderately ▢ Quite a bit	▢ Not at all ▢ Somewhat ▢ Moderately ▢ Quite a bit
4. ability to travel for 30 minutes or more away from home?	▢ Not at all ▢ Somewhat ▢ Moderately ▢ Quite a bit	▢ Not at all ▢ Somewhat ▢ Moderately ▢ Quite a bit	▢ Not at all ▢ Somewhat ▢ Moderately ▢ Quite a bit
5. ability to participate in social activity?	▢ Not at all ▢ Somewhat ▢ Moderately ▢ Quite a bit	▢ Not at all ▢ Somewhat ▢ Moderately ▢ Quite a bit	▢ Not at all ▢ Somewhat ▢ Moderately ▢ Quite a bit
6. emotional health?	▢ Not at all ▢ Somewhat ▢ Moderately ▢ Quite a bit	▢ Not at all ▢ Somewhat ▢ Moderately ▢ Quite a bit	▢ Not at all ▢ Somewhat ▢ Moderately ▢ Quite a bit
7. feeling frustrated?	▢ Not at all ▢ Somewhat ▢ Moderately ▢ Quite a bit	▢ Not at all ▢ Somewhat ▢ Moderately ▢ Quite a bit	▢ Not at all ▢ Somewhat ▢ Moderately ▢ Quite a bit
Summary Score: ___	UIQ-7 Score: ___	CRAIQ-7 Score: ___	POPIQ-7 Score: ___

Questions Related to Urinary Symptoms

(Skip this section if you are not experiencing any urinary symptoms):

Symptom	*Yes*	*No*	*Comment*
Incontinence			
Do you leak urine when you cough, sneeze, and/or laugh?			
Do you leak urine when you exercise, jump, dance, and/or lift?			

Urgency			
Do you leak urine on your way to the bathroom?			
Do you leak urine when you have a strong urge to urinate?			
Do you experience a strong urge to urinate without leakage?			
Does running water or caffeine, or, do cold rooms, worsen it?			
Do you leak during or after sexual intercourse?			
Voiding Trouble			
Do you have trouble initiating a stream of urine?			
Do you strain to empty your bladder?			
Do you have a slow and/or intermittent urinary stream?			
Do you feel as if you are unable to empty your bladder fully?			
Do you dribble urine after you have finished urinating?			
Do you 'hover' over the toilet?			
Prolapse			
Do you have a feeling of 'falling out' near your urethral or vaginal/penile area?			
Do you feel heaviness or pressure in your pelvic area?			
Do you feel as if there is something bulging out of your vagina?			
Do you feel as if you are sitting on a bulge?			
Pain			
When your bladder feels full, does it hurt?			
Does it hurt while you are urinating?			
Do you experience relief of pain after you have urinated?			
Frequency			
Do you urinate more than 7x per day or more than 1x per 2 hours?			
Is a bathroom located conveniently and available to you?			
Nocturia			
Do you wake up more than once to urinate?			

Questions Related to Fecal Symptoms

(Skip this section if you are not experiencing any fecal symptoms):

Symptom	*Yes*	*No*	*Comment*
Incontinence			

Do you leak/stain feces?			
If yes, how much? ▢ Mild ▢ Moderate ▢ High	—---	—---	
Urgency			
Do you experience a very strong urge to move your bowels?			
Voiding Trouble			
Do you have trouble feeling the urge to move your bowels?			
Do you feel as if you often empty your bowels fully?			
Do you often take laxatives and/or enemas?			
Do you often strain to have a bowel movement?			
Do you use your finger to facilitate bowel movement?			
Do you 'hover' over the toilet?			
Prolapse			
Do you have a feeling of 'falling out' near your rectal area?			
Do you feel as if there is something bulging out of your anus?			
Do you feel as if you are sitting on a bulge?			
Pain			
Do you experience pain during a bowel movement?			
Do you experience any other bowel-related discomfort?			
Environment			
Do you often delay voiding when you experience the urge to do so?			
Do you eat at approximately the same time each day?			
Do you wear protection, such as pads or diapers?			
How many times per week do you have a bowel movement? ▢ More than once daily ▢ Daily ▢ 4-5x ▢ 2-3x ▢ 0-1x	—---	—---	
What is the quality of your feces? Please select all that apply. ▢ Hard ▢ Firm ▢ Soft ▢ Watery ▢ Thin	—---	—---	
Is a bathroom located conveniently and available to you?			

Questions Related to Vaginal/Penile Symptoms

(Skip this section if you are not experiencing any vaginal/penile symptoms):

Symptom	*Yes*	*No*	*Comment*
Discomfort Related to Penetration			
Do you experience pain with initial vaginal penetration? *Skip if you are not sexually active in this way.*			

Do you experience pain with deep vaginal penetration? *Skip if you are not sexually active in this way.*			
Do you experience pain hours after sexual intercourse?			
Have you experienced pain-free vaginal penetration?			
Do you experience pain from having a finger inserted into the vagina?			
Do you experience pain from insertion or removal of a tampon?			
Do you experience pain from insertion of a speculum?			
Discomfort Not Related to Penetration			
Do you experience pain with manual stimulation of your perineal area?			
Do you experience burning in your perineal area?			
Do you experience discomfort from wearing underwear or tight pants?			
Do you experience tailbone pain?			
Do you experience trouble or pain with sitting?			
Do you experience discomfort from wearing pads?			
Orgasm			
Do you experience orgasm?			
Libido			
Do you experience a lack of sexual desire?			
Environment			
Is your pain worse when you are stressed or anxious?			

_____

Patient Name

_____

Patient Signature Date