

Pelvic Floor Impact Questionnaire Short Form

Height (ft/in) _____

Weight (lbs) _____

Over the past 24 hours, how bad has your pain been on a scale of 1-10?

_____ (0 = No Pain, 10 = Worst Pain Imaginable)

Instructions: Some women find that bladder, bowel, or vaginal symptoms affect their activities, relationships, and feelings. For each question, check the response that best describes how much your activities, relationships, or feelings have been affected by your bladder, bowel and vaginal/pelvic symptoms or conditions over the last 3 months.

Question 1: How do symptoms or conditions in the following usually affect your BLADDER OR URINE?

	Not at All	Somewhat	Moderately	Quite a Bit
Ability to do household chores (cooking, laundry, housecleaning, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to do physical activities such as walking, swimming or other exercise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Entertainment activities such as going to a movie or concert?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to travel by car or bus for a distance greater than 30 minutes away from home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participating in social activities outside your home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional health (nervousness, depression, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling frustrated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Question 2: How do symptoms or conditions in the following usually affect your BOWEL OR RECTUM?

	Not at All	Somewhat	Moderately	Quite a Bit
Ability to do household chores (cooking, laundry, housecleaning, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to do physical activities such as walking, swimming or other exercise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Entertainment activities such as going to a movie or concert?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to travel by car or bus for a distance greater than 30 minutes away from home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participating in social activities outside your home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional health (nervousness, depression, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling frustrated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Question 3: How do symptoms or conditions in the following usually affect your VAGINA OR PELVIS?

	Not at All	Somewhat	Moderately	Quite a Bit
Ability to do household chores (cooking, laundry, housecleaning, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to do physical activities such as walking, swimming or other exercise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Entertainment activities such as going to a movie or concert?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to travel by car or bus for a distance greater than 30 minutes away from home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participating in social activities outside your home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional health (nervousness, depression, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling frustrated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>