

# Ferrell-Whited Physical Therapy Services

## Women's Health: Pelvic Prolapse Questionnaire

Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Instructions:** Please answer each question by circling the best response. While answering these questions, please consider your symptoms over the last 3 months. We realize that you may not be having problems in some of these areas, but please fill out this form as completely as possible.

Symptoms NOT present = **NO**

0 = Not Present

Symptoms Present = **YES**, scale to bother:

1 = Not at all

2 = Somewhat

3 = Moderately

4 = Quite a Bit

<b>Do you:</b>	<b>No</b>	<b>Yes</b>	<b>Yes</b>	<b>Yes</b>	<b>Yes</b>
Usually experience pressure in the lower abdomen?	0	1	2	3	4
Usually experience heaviness or dullness in the pelvic area?	0	1	2	3	4
Usually have a bulge or something falling out that you can see or feel in your vaginal area?	0	1	2	3	4
Ever have to push on the vagina or around the rectum to complete a bowel movement?	0	1	2	3	4
Usually experience a feeling of incomplete bladder emptying?	0	1	2	3	4
Ever have to push up on a bulge in the vaginal area with your fingers to start or complete urination?	0	1	2	3	4

(For Therapist use only) Score POPDI-6: \_\_\_\_\_