Name:		NHS Nu		
e: Hospital Number:				
		Date:		
PROLAPSE / BLADDER, Of A prolapse is a bulge coming down Please fill in this questionnaire about your prolap effectively.	wn the vagir	na causing	discomfort	more
How would you describe your health at present?	Please tick of	one answer		
Very good Good Fair Poor Very poor How much do you think your prolapse / bladder	problem affe	ets vour life	a2 Plagge tick o	no answer
Not at all A little Moderately A lot	problem ane	ots your me	s: Tiease tick o	nie answei
Please note down if you have any of the followin you.	g symptoms	and mark h	now much thes	se affect
	g symptoms None	A little	Moderately	A Lot
Frequency: Going to the toilet to pass urine				
 Frequency: Going to the toilet to pass urine very often 				
 Frequency: Going to the toilet to pass urine very often Nocturia: Getting up at night to pass urine Urgency: a strong desire to pass urine which is difficult to defer Urge incontinence: Urinary leakage associated with a strong desire to pass urine Stress incontinence: Urinary leakage with 				
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	None	A little	Moderately	A Lot
Urine dribbles after emptying your bladder				

Feeling a bulge/lump from or in the vagina					
Vaginal bulge which gets in the way of sex					
 Heaviness or dragging feeling as the day goes on from the vagina or the lower abdomen Discomfort in the vagina which is worse when standing and relieved by lying down. Backache which is worse on standing and better on lying down Lower backache which worsens with vaginal discomfort Vaginal bulge interfering with you emptying your bowels Straining to open your bowels 					
Bowels do not feel completely empty after					
openingDo you need to help empty your bowels with your fingers					
Constipation: difficulty in emptying your bowels					
	More than once a day	Once a day	Once every 2 days	Once every 3 days	Once a week or more
How often do you open your bowels?					
Below are some daily activities that can be affected your problem affect you? We would like you to answer every question. Simply					h does
	Not at all	Sligh	ntly N	Moderately	A lot
To what extent does your prolapse / bladder problem affect your household tasks? (e.g. cleaning, washing etc.)				,	
Does your prolapse / bladder problem affect your job, or your normal daily activities outside the home?					
PHYSICAL/SOCIAL LIMITATIONS					
Does your prolapse / bladder affect your physical activities (e.g. going for a walk, run, sport, gym etc.)? Does your prolapse / bladder affect your ability to travel?	Not at all	Sligh	ntly N	Moderately	A lot
Does your prolapse / bladder limit your social life?					
Does your prolapse / bladder limit your ability to see/visit friends?					
PERSONAL RELATIONSHIPS					

Does your prolapse / bladder affect your relationship with your partner?
Does your prolapse / bladder affect your sex life?
Does your prolapse / bladder affect your

Not applicable	Not at all	Slightly	Moderately	A lot

EMOTIONS

family life?

Does your prolapse / bladder make you feel depressed?
Does your prolapse / bladder make you feel anxious or nervous?

Does your prolapse / bladder make you feel bad about yourself?

Not at all	Slightly	Moderately	Very much

SLEEP/ENERGY

Does your prolapse / bladder affect your sleep?

Do you feel worn out / tired?

Never	Sometimes	Often	All the time

Do you do any of the following to help your prolapse problem. If so how much?

Use tampons/pads/firm knickers to help?

Do you push up the prolapse?

Pain or discomfort due to the prolapse?

The prolapse prevents you standing?

Get embarrassed because of your prolapse problem?

Never	Sometimes	Often	All the time

Do you do any of the following: If so how much?

Wear pads to keep dry?

Be careful how much fluid you drink?

Change your underclothes when they get wet?

Worry in case you smell?

Get embarrassed because of your bladder problem?

Never	Sometimes	Often	All the time

Are you sexually active?

Yes

No

If Yes, please answer the following questions:

Do you feel pain during sexual intercourse? Please state NA if not Never Seldom Sometimes Usually Always sexually active Are you incontinent of urine during sexual activity? Please state NA if not Sometimes Usually **Always** Never Seldom sexually active Does fear of incontinence (either stool or urine) restrict your sexual activity? Please state NA if not Never Seldom Sometimes Usually Always sexually active Do you avoid sexual intercourse because of bulging in the vagina (either the bladder, rectum or vagina) falling out? Please state NA if not Seldom Sometimes Usually Never **Always** sexually active When you have sex with your partner, do you have negative emotional reactions such as fear, disgust, shame or guilt? Sometimes Please state NA if not Never Seldom Usually **Always** sexually active Please fill this if you had an operation: Compared to how you felt before your operation, how would you describe your condition now. Please circle one: Much worse A little better Very much A little worse Same Much better Very much worse better For Doctor's use: Mesh erosion Yes / No \mathbf{C} Ba Aa GH PB TVLAp D Bp