

# Cincinnati Urogynecology Associates

## Pelvic Floor Impact Questionnaire (SF-7)

NAME: \_\_\_\_\_

DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Instructions:** Some women find that bladder, bowel, or vaginal symptoms affect their activities, relationships, and feelings. For each question, place an “X” in the response that best describes how much your activities, relationships or feelings have been affected by your condition **over the last 3 months**. Please be sure to mark an answer in all 3 columns for each question. Thank you for your cooperation.

### EXAMPLE

For the following questions:

If your bladder symptoms interfere with your ability to drive a car *moderately*, and your bowel symptoms interfere with your ability to drive a car *somewhat*, but your vaginal or pelvic symptoms do not interfere with your ability to drive a car or you have no vaginal or pelvic symptoms then you should place an X in the corresponding boxes as indicated below:

| How do symptoms or conditions related to the following → → →<br>Usually affect your:       | Bladder<br>or urine  | Bowel<br>or rectum   | Vagina<br>or pelvis  |
|--|--|--|--|
| 1. Ability to drive a car  | <input type="checkbox"/> Not at all<br><input type="checkbox"/> Somewhat<br><input checked="" type="checkbox"/> Moderately<br><input type="checkbox"/> Quite a bit | <input type="checkbox"/> Not at all<br><input checked="" type="checkbox"/> Somewhat<br><input type="checkbox"/> Moderately<br><input type="checkbox"/> Quite a bit | <input checked="" type="checkbox"/> Not at all<br><input type="checkbox"/> Somewhat<br><input type="checkbox"/> Moderately<br><input type="checkbox"/> Quite a bit |
| How do symptoms or conditions related to the following → → →<br>usually affect your:       | Bladder<br>or urine  | Bowel<br>or rectum   | Vagina<br>or pelvis  |
| 1. Ability to do household chores such as cooking,<br>housekeeping, and/or laundry?        | <input type="checkbox"/> Not at all<br><input type="checkbox"/> Somewhat<br><input type="checkbox"/> Moderately<br><input type="checkbox"/> Quite a bit            | <input type="checkbox"/> Not at all<br><input type="checkbox"/> Somewhat<br><input type="checkbox"/> Moderately<br><input type="checkbox"/> Quite a bit            | <input type="checkbox"/> Not at all<br><input type="checkbox"/> Somewhat<br><input type="checkbox"/> Moderately<br><input type="checkbox"/> Quite a bit            |
| 2. Ability to do physical activities such as walking<br>swimming, or other exercise?       | <input type="checkbox"/> Not at all<br><input type="checkbox"/> Somewhat<br><input type="checkbox"/> Moderately<br><input type="checkbox"/> Quite a bit            | <input type="checkbox"/> Not at all<br><input type="checkbox"/> Somewhat<br><input type="checkbox"/> Moderately<br><input type="checkbox"/> Quite a bit            | <input type="checkbox"/> Not at all<br><input type="checkbox"/> Somewhat<br><input type="checkbox"/> Moderately<br><input type="checkbox"/> Quite a bit            |
| 3. Ability to participate in entertainment activities such<br>going to a movie or concert? | <input type="checkbox"/> Not at all<br><input type="checkbox"/> Somewhat<br><input type="checkbox"/> Moderately<br><input type="checkbox"/> Quite a bit            | <input type="checkbox"/> Not at all<br><input type="checkbox"/> Somewhat<br><input type="checkbox"/> Moderately<br><input type="checkbox"/> Quite a bit            | <input type="checkbox"/> Not at all<br><input type="checkbox"/> Somewhat<br><input type="checkbox"/> Moderately<br><input type="checkbox"/> Quite a bit            |
| 4. Ability to travel by car or bus for a length of time<br>greater than 30 minutes?        | <input type="checkbox"/> Not at all<br><input type="checkbox"/> Somewhat<br><input type="checkbox"/> Moderately<br><input type="checkbox"/> Quite a bit            | <input type="checkbox"/> Not at all<br><input type="checkbox"/> Somewhat<br><input type="checkbox"/> Moderately<br><input type="checkbox"/> Quite a bit            | <input type="checkbox"/> Not at all<br><input type="checkbox"/> Somewhat<br><input type="checkbox"/> Moderately<br><input type="checkbox"/> Quite a bit            |
| 5. Participating in social activities outside your home?                                   | <input type="checkbox"/> Not at all<br><input type="checkbox"/> Somewhat<br><input type="checkbox"/> Moderately<br><input type="checkbox"/> Quite a bit            | <input type="checkbox"/> Not at all<br><input type="checkbox"/> Somewhat<br><input type="checkbox"/> Moderately<br><input type="checkbox"/> Quite a bit            | <input type="checkbox"/> Not at all<br><input type="checkbox"/> Somewhat<br><input type="checkbox"/> Moderately<br><input type="checkbox"/> Quite a bit            |
| 6. Emotional health (nervousness, depression, etc.)  | <input type="checkbox"/> Not at all<br><input type="checkbox"/> Somewhat<br><input type="checkbox"/> Moderately<br><input type="checkbox"/> Quite a bit            | <input type="checkbox"/> Not at all<br><input type="checkbox"/> Somewhat<br><input type="checkbox"/> Moderately<br><input type="checkbox"/> Quite a bit            | <input type="checkbox"/> Not at all<br><input type="checkbox"/> Somewhat<br><input type="checkbox"/> Moderately<br><input type="checkbox"/> Quite a bit            |
| 7. Feeling frustrated?   | <input type="checkbox"/> Not at all<br><input type="checkbox"/> Somewhat<br><input type="checkbox"/> Moderately<br><input type="checkbox"/> Quite a bit            | <input type="checkbox"/> Not at all<br><input type="checkbox"/> Somewhat<br><input type="checkbox"/> Moderately<br><input type="checkbox"/> Quite a bit            | <input type="checkbox"/> Not at all<br><input type="checkbox"/> Somewhat<br><input type="checkbox"/> Moderately<br><input type="checkbox"/> Quite a bit            |

