

Patient Name: _____

PELVIC FLOOR IMPACT QUESTIONNAIRE – SHORT FORM 7

Instructions: Some people 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 activity, relationships or feelings have been affected by your bladder, bowel or vaginal symptoms or conditions over the last 3 months.

How do symptoms or conditions relate to the following usually affect your **Bladder or Urine, Bowel or Rectum, Vagina or Pelvis.**

1. Ability to do household chores (cooking, housecleaning, laundry)?
 - Not at all
 - Some what
 - Moderately
 - Quite a bit

2. Ability to do physical activities such as walking, swimming, or other exercise?
 - Not at all
 - Some what
 - Moderately
 - Quite a bit

3. Entertainment activities such as going to a movie or concert?
 - Not at all
 - Some what
 - Moderately
 - Quite a bit

4. Ability to travel by car or bus for a distance greater than 30 minutes away from home?
 - Not at all
 - Some what
 - Moderately
 - Quite a bit

5. Participating in social activities outside your home?
 - Not at all
 - Some what
 - Moderately
 - Quite a bit

6. Emotional health (nervousness, depression, etc)?
 - Not at all
 - Some what
 - Moderately
 - Quite a bit

7. Feeling frustrated?
 - Not at all
 - Some what
 - Moderately
 - Quite a bit

Scoring: 0 = Not at all, 1 = Some what, 2 = Moderately, 3 = Quite a bit

Patient Signature: _____ Date: _____

Therapist Signature: _____ Date: _____