

Pelvic Floor Impact Questionnaire Short Form 7

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 bladder, bowel, or vaginal symptoms or conditions over the last 3 months. Please make sure you mark an answer in all 3 columns for each question.

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 Somewhat Moderately Quite a Bit	Not At All Somewhat Moderately Quite a Bit	Not At All Somewhat Moderately Quite a Bit
2. Ability to do physical activities such as walking, swimming, or other exercise?	Not At All Somewhat Moderately Quite a Bit	Not At All Somewhat Moderately Quite a Bit	Not At All Somewhat Moderately Quite a Bit
3. Entertainment activities such as going to a movie or concert?	Not At All Somewhat Moderately Quite a Bit	Not At All Somewhat Moderately Quite a Bit	Not At All Somewhat 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 Somewhat Moderately Quite a Bit	Not At All Somewhat Moderately Quite a Bit	Not At All Somewhat Moderately Quite a Bit
5. Participating in social activities outside your home?	Not At All Somewhat Moderately Quite a Bit	Not At All Somewhat Moderately Quite a Bit	Not At All Somewhat Moderately Quite a Bit
6. Emotional health (nervousness, depression, etc.)?	Not At All Somewhat Moderately Quite a Bit	Not At All Somewhat Moderately Quite a Bit	Not At All Somewhat Moderately Quite a Bit
7. Feeling frustrated?	Not At All Somewhat Moderately Quite a Bit	Not At All Somewhat Moderately Quite a Bit	Not At All Somewhat Moderately Quite a Bit