

# Prolapse Quality of Life

(P-QOL)

Version 4

Name \_\_\_\_\_ Age \_\_\_\_\_ Date \_\_\_\_\_

**A prolapse is a bulge coming down from the vagina causing discomfort.**

**Please fill in this questionnaire even if you feel you do not have a prolapse.**

**Please write down if you have any of the following symptoms and mark how much these affect you.**

**How would you describe your health at present?**

- Very good
- Good
- Fair
- Poor
- Very poor

**How much do you think your prolapse affects your life?**

- Not at all
- Moderately
- A little
- A lot

**How often do you open your bowels?**

- More than once a day
- Once a day
- Once every two days
- Once every three days
- Once a week or more

Going to the toilet to pass urine very often

Urgency: a strong desire to pass urine

Urge incontinence: urinary leakage associated with a strong desire to pass urine

Stress incontinence: urinary leakage associated with coughing

Feeling a bulge/lump from or in the vagina

Heaviness or dragging feeling as the day goes on from the vagina/lower abdomen

Vaginal bulge interfering with you emptying your bowels

Discomfort in the vagina which is worse when standing and relieved by lying down

Poor urinary stream

Straining to empty your bladder

Urine dribbles after emptying your bladder

Bowels do not feel completely empty after opening

Constipation: difficulty in opening

Straining to open your bowels

Vaginal bulge which gets in the way of sex

Lower backache worsens with vaginal discomfort

Do you help empty your bowels with your fingers

Not applicable  
None  
A little  
Moderately  
A lot

Below are some daily activities that can be affected by your prolapse problem. How much does your prolapse problem affect you?

We would like you to answer every question.

Simply tick the circle that applies to you.

**ROLE LIMITATIONS** \_\_\_\_\_

Not at all      Slightly      Moderately      A lot

- |  |                       |                       |                       |                       |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| To what extent does your prolapse affect your household tasks? (e.g. cleaning, shopping, etc.) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Does your prolapse affect your job or your normal daily activities outside the home?           | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**PHYSICAL/SOCIAL LIMITATIONS** \_\_\_\_\_

- |   |                       |                       |                       |                       |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| Does your prolapse affect your physical activities (e.g. going for a walk, run, sport, gym, etc.) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Does your prolapse affect your ability to travel?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Does your prolapse limit your social life?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Does your prolapse limit your ability to see/visit friends?                                       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**PERSONAL LIMITATIONS** \_\_\_\_\_

- |  |                       |                       |                       |                       |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| Does your prolapse affect your relationship with your partner? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Does your prolapse affect your sex life?                       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Does your prolapse affect your family life?                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**EMOTIONS** \_\_\_\_\_

- |  |                       |                       |                       |                       |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| Does your prolapse make you feel depressed?          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Does your prolapse make you feel anxious or nervous? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Does your prolapse make you feel bad about yourself? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**SLEEP/ENERGY** \_\_\_\_\_

- |                                       |                       |                       |                       |                       |
|---------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Does your prolapse affect your sleep? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Do you feel worn-out/tired?           | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**Do you do any of the following to help your prolapse problem?**

Answer every question even if you do not feel you have a prolapse problem. If so how much?

Never      Sometimes      Often      All the time

- |  |                       |                       |                       |                       |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| Use tampons/pads/firm knickers to help?      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Do you push up the prolapse?                 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Pain or discomfort due to the prolapse?      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Does the prolapse prevent you from standing? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**Thank you, now check that you have answered all the questions.**