



## Female Pelvic Health Questionnaire

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Please answer the questions using the following scale:

0	2	4	6	8	10
Very happy / No pain	Just a little discomfort	More discomfort	Moderate discomfort	A lot of discomfort	Not happy / Severe pain

<i>Symptoms</i>	<i>Score</i>
Vaginal Laxity	
Pain with Sex	
Vaginal Dryness	
Orgasm	
Vaginal Itching / Irritation	
Vaginal Discharge	
Urinary Urgency	
Bladder Irritation	
Recurrent Urinary Tract Infections	
Loss of Urine with Activity	



**EAST VALLEY**  
**UROLOGY CENTER**

Waking up at Night to Urinate	
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