FEMALE QUESTIONNAIRE

Ι.	In the la	st weel	k, have yo	u experi	ienced a	any pain o	r disc	comfort in th	e follo	wing area	as?		
b. c.	a. Entrance to vagina b. Vagina c. Urethra d. Below your waist, in your pubic or bladder area								□ ₁ Ye □ ₁ Ye □ ₁ Ye □ ₁ Ye	es \square_0	No No No No		
2.	. In the last week, have you experienced:												
b. c.	Pain or o	during un fort durin fort as you fort reliev		rse?		$ \begin{array}{ccc} \square_1 & Y & \\ \square_1 & Y & \\ \square_1 & Y & \\ \square_1 & Y & \end{array} $	es \square_0	No No No No					
3.	How often have you had pain or discomfort in any of these areas over the last week?												
	0 Never	\square_1 R	arely	□ ₂ Some	etimes	□ ₃ Ofte	en	□ ₄ Usually	\square_5	Always			
4.	Which r	number	best desc	ribes yo	ur AVI	ERAGE pa	in or	discomfort	on the	days you	had it	, over the	e last week?
	□ 0 No Pain	1	2	3	4	5	6	7	8	9		ı as bad a imagine	s you
	How oft er the las		-	a sensa	tion of	not emptyi	ing y	our bladder o	comple	tely after	you f	inished u	rinating,
\square_0 Not at all \square_1 Less than 1 \square_2 Less than half the time in 5							the	□ ₃ About I the time	□ ₄ More than half the time			5 Almost always	
6.	How oft	en hav	e you had	to urina	ite agai	n less than	two	hours after y	ou fini	ished urii	nating,	, over the	last week?
\square_0 Not at all \square_1 Less than 1 \square_2 Less than half the time in 5 time						the	□ ₃ About half the time		□ ₄ More than half the time			₃ Almost always	
	How mu	ich hav	e your sy	mptoms	kept yo	ou from do	oing t	the kinds of t	things y	you woul	d usua	ally do, o	ver the last
	0 None		nly a little	\square_2	Some	\square_3 A lot	t						
8.	How mu	ıch did	you think	about y	our syı	mptoms, o	ver tl	he last week?	?				
۵	0 None		nly a little		Some	\square_3 A lot	ţ						
sy	mptoms	•	ife with youring the l		□₀ Delighted □₁ Pleased □₂ Mostly satisfied □₃ Mixed (about equally satisfied and dissatisfied) □₄ Mostly dissatisfied □₅ Unhappy □₆ Terrible								

Scoring

Pain subscale: Total of items 1a, 1b, 1c, 1d, 2a, 2b, 2c, 2d, 3, and 4 = ______ (range 0-23)

Urinary subscale: Total of items 5 and 6 = _____ (range 0-10)

QOL Impact: Total of items 7, 8, and 9 = _____ (range 0-12)

Total score: Sum of subscale scores = _____ (range 0-45)