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**Patient Name** \_\_\_\_\_

**Date** \_\_\_\_\_

<b>Do you experience, and, if so, how much are you bothered by:</b>	not at all	slightly	moderately	greatly
1. Frequent urination?	◇	◇	◇	◇
2. Urine leakage related to the feeling of urgency?	◇	◇	◇	◇
3. Urine leakage related to physical activity, coughing, or sneezing?	◇	◇	◇	◇
4. Small amounts of urine leakage (drops)?	◇	◇	◇	◇
5. Difficulty emptying your bladder?	◇	◇	◇	◇
6. Pain or discomfort in the lower abdominal or genital area?	◇	◇	◇	◇

(UDI-6)

<b>Has urine leakage and/or prolapse affected your:</b>	not at all	slightly	moderately	greatly
1. Ability to do household chores (cooking, cleaning, laundry)?	◇	◇	◇	◇
2. Physical recreation such as walking, swimming, or other exercise?	◇	◇	◇	◇
3. Entertainment activities (movies, concerts, etc.)?	◇	◇	◇	◇
4. Ability to travel by car or bus more than 30 minutes from home?	◇	◇	◇	◇
5. Participate in social activities outside your home?	◇	◇	◇	◇
6. Emotional health (nervousness, depression, etc.)?	◇	◇	◇	◇
7. Feeling frustrated?	◇	◇	◇	◇

(IIQ-7)

**Instructions: please check one box for each question. Many women have difficulties with intercourse secondary to their bladder problems. These answers are strictly confidential and used to help select the best treatment possible to correct your problems.**

	Always	Usually	Sometimes	Seldom	Never
1. How frequently do you feel sexual desire? This feeling may include wanting to have sex, planning to have sex, feeling frustrated due to lack of sex, etc.	◇	◇	◇	◇	◇
2. Do you climax (have an orgasm) when having sexual intercourse with your partner?	◇	◇	◇	◇	◇
3. Do you feel sexually excited (turned on) when having sexual activity with your partner?	◇	◇	◇	◇	◇
4. How satisfied are you with the variety of sexual activities in your current sex life?	◇	◇	◇	◇	◇
5. Do you feel pain during sexual intercourse?	◇	◇	◇	◇	◇
6. Are you incontinent of urine (leak urine) with sexual activity?	◇	◇	◇	◇	◇
7. Does fear of incontinence (either stool or urine) restrict your sexual activity?	◇	◇	◇	◇	◇
8. Do you avoid sexual intercourse because of bulging in the vagina (either the bladder, rectum or vagina falling out?)	◇	◇	◇	◇	◇
9. When you have sex with your partner, do you have negative emotional reactions such as fear, disgust, shame or guilt?	◇	◇	◇	◇	◇
10. Does your partner have a problem with erections that affects your sexual activity?	◇	◇	◇	◇	◇
11. Does your partner have a problem with premature ejaculation that affects your sexual activity?	◇	◇	◇	◇	◇
12. Compared to orgasms you have had in the past, how intense are the orgasms you have had in the past six months?					
	Much less intense ◇	Less intense ◇	Same intensity ◇	More intense ◇	Much more intense ◇

(PISQ-12)