

PPC – INITIAL PELVIC PAIN IMPACT QUESTIONNAIRE



Welcome to the Pelvic Pain Clinic at SHFPACT.

In order to assess how your current symptoms affect your quality of life, and monitor their improvement over time, we ask that you please complete the survey below.

FIRST NAME: _____ SURNAME: _____

DOB: _____ EMAIL: _____

Directions: For each of the following 8 questions, tick the box that best indicates how much your pelvic pain has affected these aspects of your life during the past month. Your answers to these questions can then be summed to give you a final score.

In the past month, how much has your pelvic pain affected your:	Not at all (0)	A little bit (1)	Some-what (2)	Quite a bit (3)	A great deal (4)
Energy levels?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mood?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sleep?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stomach and intestinal function?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to sit for longer than 20 minutes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to preform and function normally at home/work/school/university?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to take part in physical activity? (eg. jogging, yoga, bicycling)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to wear certain clothes (e.g. underwear, tight fitting clothes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TOTAL:

If the following questions apply to you, please answer. If not, please leave these blank. These questions will not be added to your summed score.

During your last period, how much did your pelvic pain affect your ability to use tampons?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In the past month, how much has your pelvic pain affected your levels of intimacy or sexual relationships? (e/g/ having sex, masturbating)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

We would like to send this survey to you by email at designated time periods (3/6/12 months) to assess how you are going.

In order to maintain confidentiality and security of responses, the email surveys will not collect your personal details. Instead, a unique identifier will be used to monitor individual progress.

To create your own unique identifier, please use the first initial of your first name, the first initial of your last name, and the last 5 digits of your mobile number (eg. Jessica Smith, 0400246810 unique identifier would be JS46810).

UNIQUE IDENTIFIER: _____

If you consent to receive the follow-up surveys via email, please sign and date below.

I, _____ consent to receiving the follow-up Pelvic Pain Impact Questionnaire via email.

SIGNATURE: _____ DATE: _____