

Patient Name: \_\_\_\_\_

**PELVIC FLOOR IMPACT QUESTIONNAIRE – SHORT FORM 7**

Instructions: Some people find that bladder, bowel or vaginal symptoms affect their activities, relationships, and feelings. For each question, place an X in the response that best describes how much your activity, relationships or feelings have been affected by your bladder, bowel or vaginal symptoms or conditions over the last 3 months.

How do symptoms or conditions relate to the following usually affect your **Bladder or Urine, Bowel or Rectum, Vagina or Pelvis**.

1. Ability to do household chores (cooking, housecleaning, laundry)?

Not at all  
Some what  
Moderately  
Quite a bit

2. Ability to do physical activities such as walking, swimming, or other exercise?

Not at all  
Some what  
Moderately  
Quite a bit

3. Entertainment activities such as going to a movie or concert?

Not at all  
Some what  
Moderately  
Quite a bit

4. Ability to travel by car or bus for a distance greater than 30 minutes away from home?

Not at all  
Some what  
Moderately  
Quite a bit

5. Participating in social activities outside your home?

Not at all  
Some what  
Moderately  
Quite a bit

6. Emotional health (nervousness, depression, etc)?

Not at all  
Some what  
Moderately  
Quite a bit

7. Feeling frustrated?

Not at all  
Some what  
Moderately  
Quite a bit

**Scoring: 0 = Not at all, 1 = Some what, 2 = Moderately, 3 = Quite a bit**

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Therapist Signature: \_\_\_\_\_ Date: \_\_\_\_\_