

http://www.pelvicorganprolapsesupport.org

POP-RFQ

POP RISK FACTOR QUESTIONNAIRE

Women experiencing pelvic, vaginal, or rectal symptoms that impact their quality of life for at least 3 months may be experiencing pelvic organ prolapse. Print out this questionnaire, answer the questions, and take it to your gynecologist or primary care practitioner for analysis if you feel you are experiencing symptoms of pelvic organ prolapse. Circle the applicable answer.

1. Have you had at least one vaginal birth? If Yes, how many?	Yes	No
2. Did you experience a long labor, forceps, or suction delivery?	Yes	No
3. Do you feel or see tissues bulging from your vagina?	Yes	No
4. Are you in menopause?	Yes	No
5. Do you leak urine when you sneeze, cough, or laugh?	Yes	No
6. Do you have difficulty starting your urine stream?	Yes	No
Have you experienced stool leakage?	Yes	No
8. Have you had chronic constipation for over a year?	Yes	No
9. Do you lift heavy weight at home or work (including children over 30#)?	Yes	No
10. Do you marathon run, jog, or engage in heavy lifting athletic activities?	Yes	No
11. Have you had a hysterectomy?	Yes	No
12. Do you experience chronic coughing from allergies or emphysema?	Yes	No
13. Do your tampons push out of place?	Yes	No
14. Do you feel pelvic, back, rectal, or vaginal pain?	Yes	No
15. Do you feel vaginal or rectal pressure?	Yes	No
16. Is intercourse painful?	Yes	No
17. Do you have reduced sexual sensation?	Yes	No
18. Are you double jointed?	Yes	No

**This questionnaire is not meant to take the place of treatment from a health care practitioner. Please seek the advice of your physician regarding health concerns. **