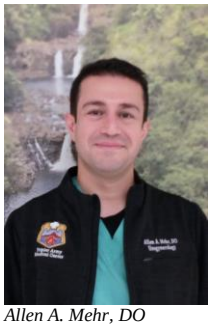
DEPARTMENT OF THE ARMY
HEADQUARTERS, TRIPLER ARMY MEDICAL CENTER
1 JARRETT WHITE ROAD
TRIPLER AMC, HAWAII 96859-5000

Department of Obstetrics and Gynecology

MCHK-OB-Division of Urogynecology
1 Jarrett White Rd
Tripler AMC, HI 96859
Scheduling: *808-433-2921*
Fax: *808-433-1552*

Thank you for scheduling an appointment in one of our **Tripler Army Medical Center Urogynecology clinics**.

Alan P. Gehrich, MD
Division Director



Allen A. Mehr, DO

To better understand your particular problem and to help us make treatment recommendations, there are a few things we would like you to do before your visit with us.

1. If possible, please try not to empty your bladder for 30 minutes before your appointment. It is helpful to do your initial exam when your bladder is reasonably full. We understand this may be difficult.

2. If you have had surgery on any pelvic organs (bladder, uterus, vagina, rectum), or any diagnostic tests on your bladder (such as x-ray studies, cystoscopies, previous urodynamic testing), please try to obtain the records and either bring them with you to your visit, or fax them to us (808) 433-1552 (Attention: Urogynecology), or mail them to one of us at the above address. You do not need to bring the actual films. Records can be obtained by a written request to the institution where the procedure was done, and usually takes 2-4 weeks.

3. Please bring a list of all your current medications to your visit.

4. We ask our new patients to complete some questionnaires before your visit starts, so it is important to arrive at the specified arrival time for your scheduled appointment.

5. If you have questions regarding your Urogynecology appointment, please call scheduling at (808) 433-2921.

Thank you for paying attention to these items. If you have any questions before you please feel free to call the urogynecology nurse at (808) 433-2921. We look forwarc you, and helping you treat your problem.

Pelvic Floor Disability Index (PFDI-20)

Instructions: Please answer all of the questions in the following survey. These questions will ask you if you have certain bowel, bladder, or pelvic symptoms and, if you do, **how much they bother you**. Answer these by circling the appropriate number. While answering these questions, please consider your symptoms over the last 3 months. The PFDI-20 has 20 items and 3 scales of your symptoms. All items use the following format with a response scale from 0 to 4.

Symptom scale:

0 = not present
1= not at all
2 = somewhat
3 = moderately
4 = quite a bit

Pelvic Organ prolapse Distress Inventory 6 (POPDI-6)

Do You…	**NO**	**YES**
1. Usually experience pressure in the lower abdomen?	0	1 2 3 4
2. Usually experience heaviness or dullness in the pelvic area?	0	1 2 3 4
3. Usually have a bulge or something falling out that you can see or feel in your vaginal area?	0	1 2 3 4
4. Ever have to push on the vagina or around the rectum to have or complete a bowel movement?	0	1 2 3 4
5. Usually experience a feeling of incomplete bladder emptying?	0	1 2 3 4
6. Ever have to push up on a bulge in the vaginal area with your fingers to start or complete urination?	0	1 2 3 4

Colorectal-Anal distress Inventory 8 (CRAD-8)

Do You…	**NO**	**YES**
7. Feel you need to strain too hard to have a bowel movement?	0	1 2 3 4
8. Feel you have not completely emptied your bowels at the end of a bowel movement?	0	1 2 3 4
9. Usually lose stool beyond your control if your stool is well formed?	0	1 2 3 4
10. Usually lose stool beyond your control if your stool is loose?	0	1 2 3 4
11. Usually lose gas from the rectum beyond your control?	0	1 2 3 4
12. Usually have pain when you pass your stool?	0	1 2 3 4
13. Experience a strong sense of urgency and have to rush to the bathroom to have a bowel movement?	0	1 2 3 4
14. Does part of your bowel ever pass through the rectum and bulge outside during or after a bowel movement?	0	1 2 3 4

Urinary distress Inventory 6 (UDI-6)

Do You…	**NO**	**YES**
15. Usually experience frequent urination?	0	1 2 3 4
16. Usually experience urine leakage associated with a feeling of urgency, that is, a strong sensation of needing to go to the bathroom?	0	1 2 3 4
17. Usually experience urine leakage related to coughing, sneezing or laughing?	0	1 2 3 4
18. Usually experience small amounts of urine leakage (that is, drops)?	0	1 2 3 4
19. Usually experience difficulty emptying your bladder?	0	1 2 3 4
20. Usually experience pain or discomfort in the lower abdomen or genital region?	0	1 2 3 4

Scoring the PFDI-20

Scale Scores: Obtain the mean value of all of the answered items within the corresponding scale (possible value 0 to 4) and then multiply by 25 to obtain the scale score (range 0 to 100). Missing items are dealt with by using the mean from answered items only.

Pelvic Floor Impact Questionnaire—short form 7 (PFIQ-7)

Name_____ **DATE**_____

DOB_____

Instructions: Some women find that bladder, bowel, or vaginal symptoms affect their activities, relationships, and feelings. For each question, check the response that best describes how much your activities, relationships, or feelings have been affected by your bladder, bowel, or vaginal symptoms or conditions **over the last 3 months.** Please make sure you mark an answer in **all 3 columns** for each question.

How do symptoms or conditions in the following usually affect your	***Bladder or urine***	***Bowel or rectum***	***Vagina or pelvis***
1. Ability to do household chores (cooking, laundry housecleaning)?	□Not at all □Somewhat □Moderately □Quite a bit	□Not at all □Somewhat □Moderately □Quite a bit	□Not at all □Somewhat □Moderately □Quite a bit
2. Ability to do physical activities such as walking, swimming, or other exercise?	□Not at all □Somewhat □Moderately □Quite a bit	□Not at all □Somewhat □Moderately □Quite a bit	□Not at all □Somewhat □Moderately □Quite a bit
3. Entertainment activities such as going to a movie or concert?	□Not at all □Somewhat □Moderately □Quite a bit	□Not at all □Somewhat □Moderately □Quite a bit	□Not at all □Somewhat □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 □Somewhat □Moderately □Quite a bit	□Not at all □Somewhat □Moderately □Quite a bit	□Not at all □Somewhat □Moderately □Quite a bit
5. Participating in social activities outside your home?	□Not at all □Somewhat □Moderately □Quite a bit	□Not at all □Somewhat □Moderately □Quite a bit	□Not at all □Somewhat □Moderately □Quite a bit
6. Emotional health (nervousness, depression, etc)?	□Not at all □Somewhat □Moderately □Quite a bit	□Not at all □Somewhat □Moderately □Quite a bit	□Not at all □Somewhat □Moderately □Quite a bit
7. Feeling frustrated?	□Not at all □Somewhat □Moderately □Quite a bit	□Not at all □Somewhat □Moderately □Quite a bit	□Not at all □Somewhat □Moderately □Quite a bit

Appendix

Pelvic Organ Prolapse/Urinary Incontinence Sexual Function Questionnaire (PISQ-12)

Instructions: Following are a list of questions about you and your partner's sex life. All information is strictly confidential. Your confidential answers will be used only to help doctors understand what is important to patients about their sex lives. Please check the box that best answers the question for you. While answering the questions, consider your sexuality over the past six months. Thank you for your help.

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.
   ☐ Always ☐ Usually ☐ Sometimes ☐ Seldom ☐ Never
2. Do you climax (have an orgasm) when having sexual intercourse with your partner?
   ☐ Always ☐ Usually ☐ Sometimes ☐ Seldom ☐ Never
3. Do you feel sexually excited (turned on) when having sexual activity with your partner?
   ☐ Always ☐ Usually ☐ Sometimes ☐ Seldom ☐ Never
4. How satisfied are you with the variety of sexual activities in you current sex life?
   ☐ Always ☐ Usually ☐ Sometimes ☐ Seldom ☐ Never
5. Do you feel pain during sexual intercourse?
   ☐ Always ☐ Usually ☐ Sometimes ☐ Seldom ☐ Never
6. Are you incontinent of urine (leak urine) with sexual activity?
   ☐ Always ☐ Usually ☐ Sometimes ☐ Seldom ☐ Never
7. Does fear of incontinence (either stool or urine) restrict your sexual activity?
   ☐ Always ☐ Usually ☐ Sometimes ☐ Seldom ☐ Never
8. Do you avoid sexual intercourse because of bulging in the vagina (either the bladder, rectum or vagina falling out?)?
   ☐ Always ☐ Usually ☐ Sometimes ☐ Seldom ☐ Never
9. When you have sex with your partner, do you have negative emotional reactions such as fear, disgust, shame or guilt?
   ☐ Always ☐ Usually ☐ Sometimes ☐ Seldom ☐ Never
10. Does your partner have a problem with erections that affects your sexual activity?
    ☐ Always ☐ Usually ☐ Sometimes ☐ Seldom ☐ Never
11. Does your partner have a problem with premature ejaculation that affects your sexual activity?
    ☐ Always ☐ Usually ☐ Sometimes ☐ Seldom ☐ Never

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

Scoring:

Scores are calculated by totaling the scores for each question with 0=never, 4=always. Reverse scoring is used for items 1,2,3 and 4. The short form questionnaire can be used with up to two missing responses. To handle missing values the sum is calculated by multiplying the number of items by the mean of the answered items. If there are more than two missing responses, the short form no longer accurately predicts long form scores. Short form scores can only be reported as total or on an item basis. Although the short form reflects the content of the three factors in the long form, it is not possible to analyze data at the factor level. To compare long and short form scores multiply the short form score by 2.58 (12/31).