



Women's Center for Wellness and Rehabilitation nt

Evaluation for Vulvar and Vaginal Pain & Chronic Pelvic Pain

PHYSICAL THERAPY GENERAL HEALTH QUESTIONNAIRE

Name: _____ Why are you here? _____

Check all the Conditions that apply to you:

HEART/CIRCULATION	v	MEDICAL PROBLEMS	v	CHILDBEARING HISTORY
Heart Disease/Surgery		Diabetes		Are you Pregnant? Yes No If yes, what is your due date: _____
<input checked="" type="checkbox"/> High Blood Pressure		Melanoma		# of Children (circle one number) 0 1 2 3 4 5 +
Pain/tightness in chest		Cancer		# of Vaginal deliveries (circle) 0 1 2 3 4 5 +
Cold Hands		<input checked="" type="checkbox"/> Dizziness		# of C-Sections (circle one number) 0 1 2 3 4 5 +
Cold Feet		Thyroid Problems		# of episiotomies (circle one number) 0 1 2 3 4 5 +
<input checked="" type="checkbox"/> Numbness in hands/feet		<input checked="" type="checkbox"/> Falls the last 6 mos.		# of forceps deliveries 0 1 2 3 4 5 +
		<input checked="" type="checkbox"/> # trips/slips/near falls		
BONES & JOINTS		<input checked="" type="checkbox"/> Depression		GYNECOLOGICAL HISTORY
Chronic Fatigue Syndrome		Lupus		Date of Last Pap Smear: _____
Arthritis				History of Yeast Infections Yes No
Fibromyalgia		LUNG/BREATHING		History of Candida Yes No
Tailbone pain		Shortness of Breath		History of Genital Herpes Yes No
		Smoke cigarettes now		Do you have any current infections or yeast Yes No
AREAS OF PAIN		History of smoking		Do you use Bath salts Yes No
Back				Do you use vaginal foams, sprays, deodorants Yes No
Neck/shoulders		SURGICAL HISTORY		Do you use a spermicide Yes No
Rectum		Back or neck		Do you use vaginal lubricants? Yes No
Abdomen/belly		Tubal Ligation		Do you use latex condoms Yes No
Vagina		Laproscopy		Do you use KY jelly vaginally Yes No
Vulvar Tissue		Abdominal Hysterectomy		
ALLERGIES		Vaginal Hysterectomy		URINARY/BLADDER HISTORY
Ragweed		Gall Bladder		Do you urinate more than once every 2 hours? Yes No
Food allergies		Bladder surgery		Do you have a sense of "urgency" to urinate? Yes No
Latex allergies		Pelvic Surgery		Do you have symptoms of leaking urine Yes No
Seasonal Allergies		Vaginal Surgery/laser		Do you have interstitial cystitis Yes No
SKIN CONDITIONS		Vulvar Surgery		
Eczema				BOWEL HISTORY Yes No
Contact Dermatitis		FAMILY HISTORY		Do you have Irritable Bowel Syndrome Yes No
Psoriasis		Skin cancer		Do you leak gas or feces Yes No
Lichens Simplex		Allergies		Do you have constipation
Other				

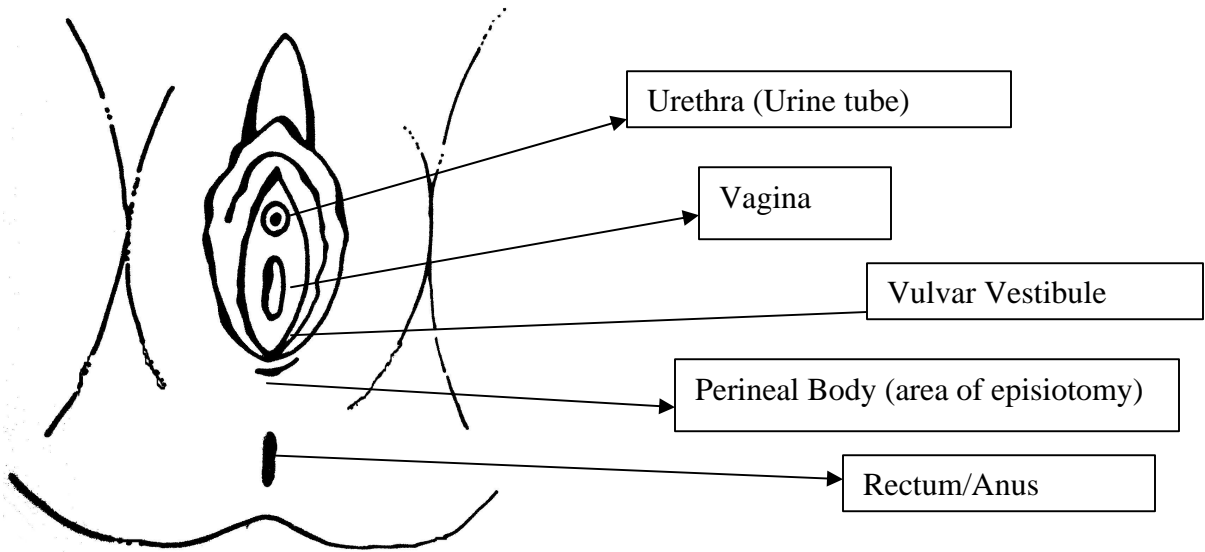
LIST ALL THE MEDICATIONS YOU ARE TAKING, INCLUDING HERBAL AND OVER THE COUNTER MEDICATIONS:

Name of Medication	For what?	Name of Medication	For What?



TELL US ABOUT YOUR VULVAR AND VAGINAL PAIN

Please mark with an "X" where your pain begins. Shade any other areas of pain



CURRENT SEXUAL ACTIVITY:

Sexually Inactive due to PAIN Sexually inactive for other reasons Sexually active

If you are sexually active, continue with this section.

No pain with intercourse Pain with intercourse, able to complete sex Pain with intercourse disrupts or prevents sex
 Pain with intercourse prevents any attempt to have sex Tolerate manual or oral stimulation only/no penetration

CHECK ALL THE ACTIVITIES THAT CAUSE OR INCREASE YOUR PAIN:

Gynecological Examination with Speculum Urination after intercourse Finger insertion into vagina
 Tampon insertion Tampon removal Partner manual stimulation Friction with clothing Sports activity
 Urination in general Oral stimulation by partner Masturbation alone Wearing pads
 Other _____

CHECK THE WORDS THAT DESCRIBE YOUR PAIN:

Hot Burning Scalding searing Sharp Cutting Tearing Other _____
 Tiring Exhausting frightful punishing grueling suffocating sickening Other _____
 Annoying Troublesome miserable intense unbearable discomforting Other _____

WHAT MAKES YOUR PAIN BETTER:

Heating pad Ice pack Resting in bed Resting in Chair Medication Cream _____
 Abstaining from sexual intercourse Not using tampons Not wearing tight clothes other _____

WHAT TREATMENTS HAVE YOU HAD FOR THIS PROBLEM? None or:

TREATMENTS	HAS IT HELPED?	TREATMENTS	HAS IT HELPED?
Medication(s)	Yes No A little	Surgery	Yes No A little
Treatment for Yeast (describe treatment)	Yes No A little	Physical Therapy	Yes No A little
		Other	Yes No A little

What started this problem? _____



VULVAR PAIN FUNCTIONAL QUESTIONNAIRE (V-Q)

These are statements about how your pelvic pain affects your everyday life. Please check one box for each item below, choosing the one that best describes your situation. Some of the statements deal with personal subjects. These statements are included because they will help your health care provider design the best treatment for you and measure your progress during treatment. Your responses will be kept completely confidential at all times.

1. Because of my pelvic pain
 - 3 I can't wear tight-fitting clothing like pantyhose that puts any pressure over my painful area.
 - 2 I can wear closer fitting clothing as long as it only puts a little bit of pressure over my painful area.
 - 1 I can wear whatever I like most of the time, but every now and then I feel pelvic pain caused by pressure from my clothing.
 - 0 I can wear whatever I like; I never have pelvic pain because of clothing.

2. My pelvic pain
 - 3 Gets worse when I walk, so I can only walk far enough to move around in my house, no further.
 - 2 Gets worse when I walk. I can walk a short distance outside the house, but it is very painful to walk far enough to get a full load of groceries in a grocery store.
 - 1 Gets a little worse when I walk. I can walk far enough to do my errands, like grocery shopping, but it would be very painful to walk longer distances for fun or exercise.
 - 0 My pain does not get worse with walking; I can walk as far as I want to
 - 0 I have a hard time walking because of another medical problem, but pelvic pain doesn't make it hard to walk.

3. My pelvic pain
 - 3 Gets worse when I sit, so it hurts too much to sit any longer than 30 minutes at a time.
 - 2 Gets worse when I sit. I can sit for longer than 30 minutes at a time, but it is so painful that it is difficult to do my job or sit long enough to watch a movie.
 - 1 Occasionally gets worse when I sit, but most of the time sitting is comfortable.
 - 0 My pain does not get worse with sitting, I can sit as long as I want to.
 - 0 I have trouble sitting for very long because of another medical problem, but pelvic pain doesn't make it hard to sit.

4. Because of pain pills I take for my pelvic pain
 - 3 I am sleepy and I have trouble concentrating at work or while I do housework.
 - 2 I can concentrate just enough to do my work, but I can't do more, like go out in the evenings.
 - 1 I can do all of my work, and go out in the evening if I want, but I feel out of sorts.
 - 0 I don't have any problems with the pills that I take for pelvic pain.
 - 0 I don't take pain pills for my pelvic pain.

5. Because of my pelvic pain
 - 3 I have very bad pain when I try to have a bowel movement, and it keeps hurting for at least 5 minutes after I am finished.
 - 2 It hurts when I try to have a bowel movement, but the pain goes away when I am finished.
 - 1 Most of the time it does not hurt when I have a bowel movement, but every now and then it does.
 - 0 It never hurts from my pelvic pain when I have a bowel movement.



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6. Because of my pelvic pain
- ³ I don't get together with my friends or go out to parties or events.
 - ² I only get together with my friends or go out to parties or events every now and then.
 - ¹ I usually will go out with friends or to events if I want to, but every now and then I don't because of the pain.
 - ⁰ I get together with friends or go to events whenever I want, pelvic pain does not get in the way
7. Because of my pelvic pain
- ³ I can't stand for the doctor to insert the speculum when I go to the gynecologist.
 - ² I can stand it when the doctor inserts the speculum if they are very careful, but most of the time it really hurts.
 - ¹ It usually doesn't hurt when the doctor inserts the speculum, but every now and then it does hurt.
 - ⁰ It never hurts for the doctor to insert the speculum when I go to the gynecologist.
8. Because of my pelvic pain
- ³ I cannot use tampons at all, because they make my pain much worse.
 - ² I can only use tampons if I put them in very carefully.
 - ¹ It usually doesn't hurt to use tampons, but occasionally it does hurt.
 - ⁰ It never hurts to use tampons.
 - ⁰ This question doesn't apply to me, because I don't need to use tampons, or I wouldn't choose to use them whether they hurt or not.
9. Because of my pelvic pain
- ³ I can't let my partner put a finger or penis in my vagina during sex at all.
 - ² My partner can put a finger or penis in my vagina very carefully, but it still hurts.
 - ¹ It usually doesn't hurt if my partner puts a finger or penis in my vagina, but every now and then it does hurt.
 - ⁰ It doesn't hurt to have my partner put a finger or penis in my vagina at all.
 - ⁰ This question does not apply to me because I don't have a sexual partner.
 - ⁰ Specifically, I won't get involved with a partner because I worry about pelvic pain during sex.
10. Because of my pelvic pain
- ³ It hurts too much for my partner to touch me sexually even if the touching doesn't go in my vagina.
 - ² My partner can touch me sexually outside the vagina if we are very careful
 - ¹ It doesn't usually hurt for my partner to touch me sexually outside the vagina, but every now and then it does hurt
 - ⁰ It never hurts for my partner to touch me sexually outside the vagina
 - ⁰ This question does not apply to me because I don't have a sexual partner.
 - ⁰ Specifically, I won't get involved with a partner because I worry about pelvic pain during sex.
11. Because of my pelvic pain
- ³ It is too painful to touch myself for sexual pleasure.
 - ² I can touch myself for sexual pleasure if I am very careful.
 - ¹ It usually doesn't hurt to touch myself for sexual pleasure, but every now and then it does hurt.
 - ⁰ It never hurts to touch myself for sexual pleasure.
 - ⁰ I don't touch myself for sexual pleasure, but that is by choice, not because of pelvic pain.

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Score: _____

Date _____