

Pelvic Organ Prolapse Symptom Score

We would be grateful if you could answer the following questions, thinking about how you have been, on average, over the **PAST FOUR WEEKS**. *(Please cross one box in each row)*

How often during the last four weeks have you had the following symptoms:		Never	Occasion-ally	Some-times	Most of the time	All of the time
A1	a feeling of something coming down from or in your vagina?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
A2	an uncomfortable feeling or pain in your vagina which is worse when standing?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
A3	a heaviness or dragging feeling in your lower abdomen (tummy)?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
A4	a heaviness or dragging feeling in your lower back?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
A5	a need to strain (push) to empty your bladder?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
A6	a feeling that your bladder has not emptied completely?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
A7	a feeling that your bowel has not emptied completely?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
A8	which of the symptoms above (questions A1 to A7) causes you most bother? <i>Please enter a number from 1 to 7 in the box, or cross "Not applicable"</i>	A		<input type="checkbox"/>	Not applicable	<input type="checkbox"/> 99

