

**NorthShore University HealthSystem**  
**UROGYNECOLOGY**  
**And Centers for Female Pelvic Surgery**

**EVANSTON OFFICE**  
1000 Central Street, Suite 730  
Evanston, IL 60201  
847-570-2750 – Phone  
847-570-1386 - Fax

**HIGHLAND PARK OFFICE**  
HP CIPH Suite 3870  
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Highland Park, IL 60035

**LINCOLN PARK OFFICE**  
Stone Medical Building, #308  
2800 North Sheridan Road  
Chicago, IL 60657

**SKOKIE OFFICE**  
9700 N. Kenton Ave  
Suite 100  
Skokie, IL 60076

**VERNON HILLS OFFICE**  
Vernon Hills Specialty Suites  
225 N. Milwaukee Ave  
Vernon Hills, IL 60061

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**Welcome to NorthShore University HealthSystem**  
**Urogynecology**  
*Before You Arrive ...*

**Prior to your appointment date it is necessary for you to call our Pre-Registration Department at 847-663-8600 to verify your insurance.**

Please complete the enclosed forms in order to help us provide you with the best possible care. It is very important that **you bring these completed forms to your first visit.** Please arrive **10-15 minutes before your scheduled appointment time** to complete additional paperwork. Within this packet you should find the following:

1. **Medical History & Urogynecology Questionnaire:** A detailed assessment of symptoms and health conditions that may be important for your evaluation and/or treatment. Please complete all questions, as this form provides invaluable information. *Thank you, in advance, for your cooperation!*
2. **Voiding Diary (“Urolog”) Form:** This provides us with a record of your urinary pattern (number of voids, leakage episodes, and input) over a 24-hour period. You can use a standard 1-cup measuring device and label your volumes in ounces or milliliters. Please try to keep the voiding diary for a complete 24-hour period.
3. **Patient Information and Assignment of Benefits:** Please be sure to include the name and complete address of your referring physician. If you are in a managed care plan it is your responsibility to obtain the necessary referral from your primary care physician. If you do not obtain this written referral, you will not be able to be seen at our center or you may be responsible for the entire bill.

We also ask that you keep in mind the following:

1. **Please come to your first visit with a full bladder**, if possible, as we will do a voiding study at that time. If you are uncomfortable on arrival, advise the receptionist.

2. **Canceling or Rescheduling:** In the event of a need to cancel or reschedule your appointment, at any office site, please call (847) 570-2750, as soon as possible.
3. **Billing Policy:** All billing for private patients is handled by the Professional Business Office at NorthShore University HealthSystem. If your insurer requires a co-payment, we will request that you pay this by check at the time of your visit. As a courtesy to you, our office will send all billing information to the billing office and they will file a claim for you. For billing or insurance questions, please contact the billing office at (877) 210-4351 between 8 a.m. and 4 p.m.

## **A Few Words about Our Center ...**

Over the course of a decade, this practice has established itself as an internationally recognized center of excellence in Urogynecology and Reconstructive Pelvic Surgery – a specialty devoted to female bladder, bowel and pelvic floor conditions. We work extremely hard to provide the highest level of care to our patients, and to make important contributions to this unique subspecialty of women’s healthcare. As clinicians, surgeons and researchers, it is our privilege to be routinely looked upon to educate physicians and surgeons around the country, and indeed throughout the world.

Our highest priority is to provide you with the most advanced care, in a comfortable and efficient way. Many of our patients are referred after having failed a ‘first attempt’ at treatment elsewhere; we understand the frustration and trepidation that accompanies the decision to address these problems again. Whether it involves a ‘routine’ bladder or pelvic problem, or a complex pelvic condition or a prior treatment failure, our center is committed to offering each patient an accurate diagnosis and effective treatment options. In a great number of cases, minimally invasive treatments can dramatically restore an individual’s quality of life. And in many other cases, non-surgical strategies – for instance, medications, physical therapy, or biofeedback – may offer the best approach. We are committed to all aspects of Urogynecology, whether it involves the latest medication in development or the most cutting-edge surgical approach. For women who fail to respond to ‘standard’ therapies, we routinely conduct clinical research studies involving new medications, devices and procedures, providing our patients with unique opportunities to try ‘up and coming’ therapies.

Your evaluation may take anywhere from 1 to 3 visits, depending on the complexity of the problem. While cost concerns are crucial, we do not ever wish to limit the success of someone’s treatment with an inadequate evaluation. Patients with special concerns over insurance coverage, or finances, should speak directly with Dr. Sand so that these issues can be addressed.

In order to offer care at this level, you will notice that we often work as a team, consisting of several physician and non-physician members. This includes our three fellows, each of whom plays an integral role in our practice. Our 3-year Fellowship in Urogynecology is available to eligible physicians who have graduated residencies in Obstetrics and Gynecology, and is one of only 32 such fellowship programs worldwide. The care of every patient, at every stage, is reviewed with Drs. Sand, Goldberg and Botros – and at any stage of your evaluation, you should feel free to schedule a visit with one of these three supervising partners, even if earlier visits were with a different physician and/or

nurse. We believe that approaching these problems in a comprehensive fashion with a group of specialized nurses and physicians offers the best way to treat your problem. We would always appreciate your comments and assistance in this regard.

## **NorthShore Urogynecology Staff**

**KAREN SASSO, RN, APN, BSN, MSN, CCCN** is our Program Manager and Urogynecology Clinical Nurse Specialist who supervises clinical research studies and provides expertise in the areas of electrical stimulation and biofeedback. Karen received her nursing diploma from the Medical College of Pennsylvania, her BSN at Alverno College and her Masters Degree in Nursing from the University of Wisconsin, Milwaukee. She has been a member of NorthShore Urogynecology since 1991 and sees patients independently for urodynamic investigations as well as for pelvic floor stimulation, biofeedback, and treatment follow-up.

**SARA GRIDLEY, RN, BSN** is a graduate of Rush University College of Nursing. She worked in the neurosurgical intensive care unit at Rush before deciding to pursue a career in women's health. She joined the NorthShore Urogynecology team in February 2006. She assists with the evaluation, education and treatment of patients within the center.

**MARY G. KELLER, RN, BSN, CCRC** is a Research Nurse who is responsible for the management of urogynecological research studies. Mary has been a nurse for almost 20 years with expertise in the field of urology. The last 6 years have been in urologic nursing research. She received her Associates Degree in Nursing from Queensborough Community College, School of Nursing, and her BSN at the City University of New York, Hunter-Bellevue Nursing School.

**KATRINE MILES, RNC, IBCLC, CCE** is a Registered Nurse with over 30 years of clinical experience in Women's Care Services. She worked at Rush North Shore specializing in Labor & delivery as well as being a Lactation Consultant. Katrine joined the team of NorthShore Urogynecology in November of 2008. She assists with the evaluation, education and treatment of patients within the center.

**ROBIN WASIELEWSKI, BA, CCRC** is a Project Research Coordinator who received her degree at Stephen's College in Columbia, Missouri. She is responsible for implementing various research studies administratively and clinically and will assist the physicians with your care. She serves also as a urodynamic technician. She has been a member of NorthShore Urogynecology since 1996.

**MARLENE K. ROSEN, BA** is our Financial Manager at NorthShore Urogynecology and is responsible for financial matters, as well as supervision of clerical staff and coordination of daily administrative operations. She received a Bachelor of Education Degree from National College of Education, Evanston IL. In addition to prior teaching experience, she joined our practice in 1998 with 22 years experience working in the field of finance and accounting. She is married with three children and four grandchildren.

**LORA A. CHERRY** is our Patient Support Associate at NorthShore Urogynecology. She assists patients with their appointments, coordination of their care and provides clerical support to our medical team. She has been with NorthShore since February, 2001.

**GABRIELA C. ANTON** is our Patient Support Associate at NorthShore Urogynecology. She assists patients with their appointments and provides clerical support to our medical team. Prior to joining NorthShore Urogynecology she worked at a church as the Treasurer and Administrative Assistant.

**ELSA GULLBERG, BS** is our Patient Support Associate at NorthShore Urogynecology. She assists patients with their appointments and provides clerical support to our medical team. Elsa graduated in May 2009 from the University of Illinois at Urbana Champaign with a Bachelor of Science Degree in Community Health. Previously she had worked in the emergency department at Carle Foundation in Urbana.

**MARGIE STOCK** is the part-time Surgery Scheduler at NorthShore Urogynecology. She handles surgical schedule coordination between the physicians, patients and the operating room, and all the insurance pre-certification for our surgical patients. Margie has a BA degree from Loyola University, Chicago. She has extensive customer service experience and worked in patient registration for six years at Lutheran General Hospital.

**MARQUITA MCGHEE** is our Medical Assistant at NorthShore Urogynecology. She has an Associate Degree in General Education from Illinois State University She has worked as a medical assistant for five years with a private Internal Medicine Group. She also worked part-time for North Suburban Pediatrics as a medical assistant for four years. She is currently enrolled at North Park University to pursue her education in science. She joined NorthShore Urogynecology in September 2002. She assists physicians with special procedures, and also serves as a urodynamics technician.

**BASABI DATTA** is a Research Assistant at NorthShore Urogynecology. She is a foreign Medical Graduate from India. She has assisted in the field of Internal Medicine, Employee Health and Wellness departments at a pharmaceutical company, prior to joining NorthShore Urogynecology in July 2003. She is responsible for implementing various research studies administratively and clinically. She also assists the physicians with patient care.

**GERALDINE LEVY** is our Medical Assistant at NorthShore Urogynecology. She received training at Oakton Community College and became a Certified Nursing Assistant for Phlebotomy. She worked as a Phlebotomist for pediatric, geriatric and cancer patients at Swedish Covenant Hospital. Currently, she is pursuing an Associate Degree in Nursing at Oakton Community College.

**MARLENE CHAVEZ** is our Senior Medical Assistant at NorthShore Urogynecology. She is registered under the American Medical Technologists for the last five years. She has extensive experience in the fields of OB/GYN, Orthopedics/Podiatry/Diabetic wound care, Internal Medicine and Worker's Compensation claims. She received an AAS Degree in Criminal Justice at Richard J. Daley College. Future goals in life are Physician's Assistant and/or Private Investigator.

## **NorthShore Urogynecology Physicians**

**DR. PETER SAND** received his Bachelor of Science and Medical Degree at Northwestern University. He took his residency in Obstetrics and Gynecology at Northwestern University Medical School and completed a two-year Fellowship in Urogynecology and Pelvic Surgery at the University of California, Irvine. Following that, he began the Division of Urogynecology and the Fellowship program in Urogynecology at Rush Medical College. He then moved back to Northwestern University and the Evanston Hospital on a full-time basis in 1991 to start the Evanston Continence Center and the Fellowship program in Urogynecology. He is a well-respected national authority on the evaluation and treatment of lower urinary tract problems in women and a recognized expert on pelvic surgery. He is a Clinical Professor of Obstetrics and Gynecology at the University of Chicago, Pritzker School of Medicine and Director of the Division of Urogynecology and Reconstructive Surgery. He has over 100 scientific publications in the medical literature, is the editor of three textbooks on Urodynamics and the Evaluation of Female Incontinence, and currently serves as President of the International Urogynecologic

Association and Associate Editor of the International Urogynecology Journal. He is the Director of NorthShore Urogynecology, as well as the offices at Lincoln Park, Vernon Hills & Highland Park and supervises all care given at the Centers.

**DR. ROGER GOLDBERG** is a full time partner at NorthShore Urogynecology and the Director of Urogynecology Research. He completed his undergraduate at Cornell University. He attended Northwestern University Medical School. He received his Masters in Public Health at Johns Hopkins University prior to his residency in Obstetrics and Gynecology at Harvard University's Beth Israel Hospital in Boston. While at NorthShore Urogynecology, he has received prestigious awards from the Society of Gynecologic Surgeons, the American College of Obstetricians and Gynecologists, the Central Association of Obstetricians and Gynecologists, the International Urogynecology Association, and International Continence Society. Dr. Goldberg is the author of numerous articles and two books on Urogynecology and pelvic floor disorders.

**DR. SYLVIA BOTROS** is a partner at NorthShore Urogynecology and the Director of our Lincoln Park office. She received her medical degree from The University of Texas Health Science Center and completed her residency in Obstetrics and Gynecology at the Lyndon B. Johnson Hospital in Houston, TX. Sylvia completed her fellowship program in Urogynecology and Pelvic Reconstructive Surgery under the direction of Dr. Sand and Dr. Goldberg at Northwestern University, Feinberg School of Medicine during which she has authored several scientific publications and presented at numerous national and international meetings. She has also received a Masters degree in Clinical Investigation from Northwestern University School of Public Health.

**DR. JANET TOMEZSKO** is a full time partner at NorthShore Urogynecology. She completed her undergraduate degree at Penn State University before attending Hahnemann University in Philadelphia, PA, now Drexel University College of Medicine. She completed her residency training in Obstetrics and Gynecology at Lehigh Valley Hospital in Allentown, PA. She completed her fellowship in Urogynecology and Pelvic Reconstructive Surgery under the direction of Dr. Sand at Northwestern University in 1997. She has practiced in the Chicago land area since 1997. She was Chief of Urogynecology at Prentice Women's Hospital and Northwestern Medical Faculty Foundation until joining NorthShore Urogynecology in 2009. She was also Assistant Director of Urogynecology at Advocate Christ Medical Center. Dr. Tomezsko has received the Best Doctor award annually since 2005. She has published several scientific articles, and has given many lectures through out the country in the field of Urogynecology.

**DR. AIMEE NGUYEN** is our Third Year Fellow. She received her medical degree from University of Texas Health Science Center, San Antonio, TX and completed her residency in Obstetrics and Gynecology at Mercy Hospital and Medical Center, Chicago, IL. She is primarily involved in the clinical evaluation and treatment of all patients within the center.

**DR. MANHAN (ANDY) VU** is our Second Year Fellow. He received his medical degree from University of Texas Health Science Center, Texas College of Osteopathic Medicine, Fort Worth, Texas, and completed his residency in Obstetrics and Gynecology at Parkland Memorial Hospital, Southwestern Medical Center, Dallas, Texas. He is primarily involved in the clinical evaluation and treatment of all patients within the center.

**DR. ADAM GAFNI-KANE, MD** is our First Year Fellow. He received his medical degree from Yale University School of Medicine, New Haven, CT and completed his residency in Obstetrics, Gynecology and Reproductive Sciences at Yale-New Haven Hospital, New Haven, CT. He is primarily involved in the clinical evaluation and treatment of all patients within the center.

# NorthShore Urogynecology

## MEDICAL HISTORY QUESTIONNAIRE

Name \_\_\_\_\_ Age \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE PROVIDE THE NAME, ADDRESS, AND OFFICE NUMBER OF YOUR PRIMARY CARE PHYSICIAN AND YOUR GYNECOLOGIST:**

<p><b>PCP:</b></p> <p>Name _____</p> <p>Address _____</p> <p>Phone _____</p> <p>Fax _____</p>	<p><b>GYNECOLOGIST:</b></p> <p>Name _____</p> <p>Address _____</p> <p>Phone _____</p> <p>Fax _____</p>
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**\*\* Which of the above physicians referred you to our office? \_\_\_\_\_**

**Please describe 'in your own words' the nature of your gynecologic or urologic problems.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### ALLERGIES

Do you have any drug allergies? Y N

Please list which drugs you are allergic to and what happens when you take them.

\_\_\_\_\_

\_\_\_\_\_

### MEDICAL HISTORY

**As a Child did you have (please circle):**

Bladder infections      Kidney infections

Other \_\_\_\_\_

**As an Adult have you had (please circle):**

Heart Disease	Reflux / GERD	Depression
High Blood Pressure	Liver Disease	Serious Injury / Accident
Diabetes	Stomach / Duodenal Ulcers	Paralysis
Anemia	Kidney Disease	Back Problems
Thyroid Disease	Frequent Bladder Infections	Glaucoma
Blood Clots	Kidney / Bladder Stones	Anxiety disorder
Stroke	Multiple Sclerosis	Parkinson's Disease
Chronic Cough / Asthma	Psychiatric Illness	Gonorrhea
Pneumonia	Seizure Disorder	HIV
Gonorrhea	Chlamydia	Herpes
Venereal warts	Abnormal Pap Smears	Syphilis

Cancer: *If yes, what type* \_\_\_\_\_ *what type of treatment* \_\_\_\_\_

Other \_\_\_\_\_

**SURGICAL HISTORY**

Have you had a Hysterectomy? Y N

If yes ... for what reason? \_\_\_\_\_

... at what age? \_\_\_\_\_

... what type of incision? Abdominal \_\_\_ Vaginal \_\_\_ Laparoscopic \_\_\_

Have you had your ovaries removed? Y N

Have you had any surgeries for incontinence or bladder problems? Y N

If Yes ... what type, and at what age? \_\_\_\_\_

Please list any other operations you've had and your age at the time:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FAMILY & SOCIAL HISTORY**

Have any first degree relatives had these diseases? If so, please indicate their relationship to you.

High Blood Pressure \_\_\_\_\_ Diabetes \_\_\_\_\_  
Stroke \_\_\_\_\_ Heart Disease \_\_\_\_\_  
Cancer (please list type) \_\_\_\_\_ Ovarian Cancer: \_\_\_\_\_  
Breast Cancer \_\_\_\_\_ Kidney Disease \_\_\_\_\_  
Blood / Clotting Disorder \_\_\_\_\_ Osteoporosis \_\_\_\_\_  
Urinary Incontinence \_\_\_\_\_ Relaxation of uterus or vagina \_\_\_\_\_  
Other Family or Hereditary Diseases \_\_\_\_\_

Do you smoke: Y N

If yes ... how many packs per day \_\_\_\_\_ how many years \_\_\_\_\_

Do you drink alcohol: Y N

If yes ... how many drinks per week \_\_\_\_\_

Your occupation \_\_\_\_\_ Spouse's occupation \_\_\_\_\_  
Current marital status (circle one): Married Single Divorced Widowed  
Number of Pregnancies \_\_\_\_\_ Number of children \_\_\_\_\_  
Number of miscarriages \_\_\_\_\_ Number of abortions \_\_\_\_\_

**MEDICATIONS**

Please list all current medications (including hormones, contraceptives, vitamins) and dosages:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SYMPTOM REVIEW:** Please circle any symptoms you've had in the past few months:

**General Symptoms**

Fever or Chills  
Change in Appetite  
Headache  
Weight loss/gain >10 pounds  
Nausea / Vomiting

**Hematologic / Allergy**

Clotting Problems  
Swollen glands  
Hay fever  
Prolonged bleeding  
Easy bruising

**Gastrointestinal**

Abdominal pain / bloating  
Diarrhea  
Floating stools  
Indigestion  
Constipation

**Neurological**

Tremors  
Dizzy spells  
Numbness

**Endocrine**

Excessive thirst  
Intolerance to Hot/ Cold  
Excessive fatigue

**Musculoskeletal**

Joint pain  
Back pain  
Weakness

**Cardiovascular**

Chest pain  
Shortness of breath with exertion  
Varicose veins  
Swelling of legs

**Eyes/Ear/Nose/Throat/Mouth**

Blurred vision/ visual changes  
Ear infections/ pain  
Ringing in Ears  
Sinus problems

**Skin**

Skin rash  
Boils  
Change in appearance of mole  
Change in size of mole

**Respiratory**

Wheezing  
Frequent cough  
Cough up blood  
Trouble breathing

**Gynecologic**

Breast pain or lump  
Hot flushes  
Vaginal bleeding  
Vaginal discharge

**Psychiatric**

Depressive symptoms  
Thoughts of suicide  
Difficulty remembering  
Anxiety



## Pelvic Floor Distress Inventory (PFDI) Questionnaire

1. **Do you usually experience pressure in the lower abdomen?**  Yes  No  
*If yes, how much does this bother you?*  
(1) not at all (2) sometimes (3) moderately (4) quite a bit
2. **Do you usually experience heaviness or dullness in the pelvic area?**  Yes  No  
*If yes, how much does this bother you?*  
(1) not at all (2) sometimes (3) moderately (4) quite a bit
3. **Do you usually have a bulge or something falling out that you can see or feel in the vaginal area?**  Yes  No  
*If yes, how much does this bother you?*  
(1) not at all (2) sometimes (3) moderately (4) quite a bit
4. **Do you ever have to push on the vagina or around the rectum to have or complete a bowel movement?**  Yes  No  
*If yes, how much does this bother you?*  
(1) not at all (2) sometimes (3) moderately (4) quite a bit
5. **Do you usually experience a feeling of incomplete bladder emptying?**  Yes  No  
*If yes, how much does this bother you?*  
(1) not at all (2) sometimes (3) moderately (4) quite a bit
6. **Do you ever have to push up on a bulge in the vaginal area with your fingers to start or complete urination?**  Yes  No  
*If yes, how much does this bother you?*  
(1) not at all (2) sometimes (3) moderately (4) quite a bit
7. **Do you feel you need to strain too hard to have a bowel movement?**  Yes  No  
*If yes, how much does this bother you?*  
(1) not at all (2) sometimes (3) moderately (4) quite a bit
8. **Do you feel you have not completely emptied your bowels at the end of a bowel movement?**  Yes  No  
*If yes, how much does this bother you?*  
(1) not at all (2) sometimes (3) moderately (4) quite a bit
9. **Do you usually lose stool beyond your control is your stool is well formed?**  Yes  No  
*If yes, how much does this bother you?*  
(1) not at all (2) sometimes (3) moderately (4) quite a bit
10. **Do you usually lose stool beyond your control if your stool is loose?**  Yes  No  
*If yes, how much does this bother you?*  
(1) not at all (2) sometimes (3) moderately (4) quite a bit
11. **Do you usually lose gas from the rectum beyond your control?**  Yes  No  
*If yes, how much does this bother you?*  
(1) not at all (2) sometimes (3) moderately (4) quite a bit

- 12. Do you usually have pain when you pass your stool?**  Yes  No  
*If yes, how much does this bother you?*  
(1) not at all (2) sometimes (3) moderately (4) quite a bit
- 13. Do you usually experience a strong sense of urgency and have to rush to the bathroom to have a bowel movement?**  Yes  No  
*If yes, how much does this bother you?*  
(1) not at all (2) sometimes (3) moderately (4) quite a bit
- 14. Does a part of your bowel ever pass through the rectum and bulge outside during or after a bowel movement?**  Yes  No  
*If yes, how much does this bother you?*  
(1) not at all (2) sometimes (3) moderately (4) quite a bit
- 15. Do you usually experience frequent urination?**  Yes  No  
*If yes, how much does this bother you?*  
(1) not at all (2) sometimes (3) moderately (4) quite a bit
- 16. Do you usually experience urine leakage associated with a feeling of urgency that is a strong sensation of needing to go to the bathroom?**  Yes  No  
*If yes, how much does this bother you?*  
(1) not at all (2) sometimes (3) moderately (4) quite a bit
- 17. Do you usually experience urine leakage related to coughing, sneezing or laughing?**  Yes  No  
*If yes, how much does this bother you?*  
(1) not at all (2) sometimes (3) moderately (4) quite a bit
- 18. Do you usually experience small amounts of urine leakage (that is, drops)?**  Yes  No  
*If yes, how much does this bother you?*  
(1) not at all (2) sometimes (3) moderately (4) quite a bit
- 19. Do you usually experience difficulty emptying your bladder?**  Yes  No  
*If yes, how much does this bother you?*  
(1) not at all (2) sometimes (3) moderately (4) quite a bit
- 20. Do you usually experience pain or discomfort in the lower abdomen or genital area?**  Yes  No  
*If yes, how much does this bother you?*  
(1) not at all (2) sometimes (3) moderately (4) quite a bit
- 21. Do you usually experience bed-wetting?**  Yes  No  
*If yes, how much does this bother you?*  
(1) not at all (2) sometimes (3) moderately (4) quite a bit
- 22. Do you usually experience pain or burning when urinating?**  Yes  No  
*If yes, how much does this bother you?*  
(1) not at all (2) sometimes (3) moderately (4) quite a bit

**23. Do you ever lose urine during sexual activity?**

Yes  No

*If yes, how much does this bother you?*

*(1) not at all (2) sometimes (3) moderately (4) quite a bit*

**24. Do you usually dribble urine as you stand up or begin to walk immediately after you have finished urinating?**

Yes  No

*If yes, how much does this bother you?*

*(1) not at all (2) sometimes (3) moderately (4) quite a bit*

## 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.

- a. Have you had sex in the last 6 months?    Yes    No  
If yes, please answer the questions according to your *current experience*.  
If no, please answer questions according to the *last year* you were sexually active.

- b. If you are not currently sexually active, at what age did you stop activity? \_\_\_\_\_  
Why are you not currently sexually active? (circle one or more of the following)

Incontinence	Vaginal prolapse	Fear of incontinence
Bladder pain	Vaginal pain	Burning
Urinary urgency	Lack of desire	Chronic illness
Partner's impotence	Stressful situation at home	Fatigue
Partner's lack of desire	No partner	Lack of privacy
Other _____		

- c. Do you think childbirth (whether recently or in the past) affected your sexual activity?  
Yes    No  
If yes, how so? \_\_\_\_\_

- 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.**  
 Daily     Weekly     Monthly     less than once a month     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

## Pelvic Floor Impact Questionnaire

**Instructions:** Some women 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 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 relate to the following →→→→ usually affect your ↓	<b>Bladder or urine</b>	<b>Bowel or rectum</b>	<b>Vagina or pelvis</b>
1. Ability to do household chores (cooking housecleaning, laundry)?	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit
2. Ability to do physical activities such as walking, swimming, or other exercise?	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit
3. Entertainment activities such as going to a movie or concert?	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit
4. Ability to travel by car or bus for a distance greater than 30 minutes away from home?	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit
5. Participating in social activities outside your home?	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit
6. Emotional health (nervousness, depression, etc)?	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit
7. Feeling frustrated?	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit

# NorthShore UROGYNECOLOGY

## VOIDING DIARY (“UROLOG”)

The chart on the opposite side of this sheet provides a record of your voiding (urinating) and leakage (incontinence) of urine. Please choose a 24-48 hour period (if possible) to keep this record when you can conveniently measure your voids. If you are unable to keep the diary for a 24-hour period, try to keep it for as many hours as possible, say from early evening when you get home from work until you get up the next morning. Include all voids, even if they occur in the middle of the night.

**EXAMPLE:**

TIME	AMOUNT VOIDED	ACTIVITY	LEAK VOLUME	URGE PRESENT	AMOUNT/TYPE OF INTAKE
6:45 AM	10 oz	Awakening			
7:00 am		Turned on H <sub>2</sub> O	2	Yes	2 cups coffee 6 oz orange juice

Record the time of all voiding, leakage, and intake of liquids. Measure all intake and output in ounces or mL (30 mL = 1 oz) (1 cup = 8 oz = 240 mL).; you may, of course, discard the measured urine after each void. Describe activity you were performing at the time of leakage. If you were not actively doing anything, record whether you were sitting, standing, or lying down. Estimate the amount of leakage according to the following scale:

- 0 = no leakage
- 1 = damp, few drops only
- 2 = wet underwear or pad
- 3 = soaked or emptied bladder

If the urge to urinate accompanied (or preceded) the urine leakage, write “Yes”. If you felt no urge when the leakage occurred, write “No”.

