Default Question Block

Q1. Please enter your age:

Q2. Please indicate how you identify yourself:

- [ ] American Indian or Alaska Native
- [ ] Asian
- [ ] Black or African American
- [ ] Native Hawaiian or Other Pacific Islander
- [ ] White
- [ ] Other

Q3. What is your total annual income?

- ○ $0 - $29,999
- ○ $30,000 - $59,999
- ○ $60,000 - $89,999
- ○ $90,000 - $119,999
- ○ $120,000 +
- ○ Prefer not to answer

Q4. Using the table below, please answer the following questions for each pregnancy.

NOTE: If you are currently pregnant, please use the very last column at the bottom of the table.

*Please list the age during delivery.

**A full-term pregnancy is defined as one lasting between 37-42 weeks.

	Please enter your age.	Was it full-term?		Was this a miscarriage?		What was the delivery method? (If you answered "Yes" to the previous question, leave this field blank)		
	Age:	Yes	No	Yes	No	Vaginal	Cesarean	Check only if currently pregnant
Pregnancy #1		○	○	○	○	○	○	○
Pregnancy #2		○	○	○	○	○	○	○
Pregnancy #3		○	○	○	○	○	○	○
Pregnancy #4		○	○	○	○	○	○	○
Pregnancy #5		○	○	○	○	○	○	○
Pregnancy #6		○	○	○	○	○	○	○
Pregnancy #7		○	○	○	○	○	○	○
Pregnancy #8		○	○	○	○	○	○	○
Pregnancy #9		○	○	○	○	○	○	○
Pregnancy #10		○	○	○	○	○	○	○
Use this box only if you are currently pregnant.		○	○	○	○	○	○	○

Q5. Before seeking care, what were your initial symptoms and severity?

0 = No Severity
1-3 = Mild Severity
4-6 = Moderate Severity
7-9 = Severe
10 = Very Severe

	0	1	2	3	4	5	6	7	8	9	10
Stress Urinary Incontinence (Leakage of urine when you cough or sneeze)											☐
Fecal Incontinence											☐
Constipation											☐
Dyspareunia (Pain with Sex)											☐
Feeling of a Bulge Coming Out of Vagina											☐
Back Pain											☐
Pelvic Pain											☐
Other ☐											☐

Q6. How long did it take for you to receive care after you noticed your initial symptoms?

Figure out time ranges later

- ○ ☐ Weeks
- ○ ☐ Months
- ○ ☐ Years

Q7. What were your symptoms and the severity of your symptoms at the time you sought care?

0 = No Severity
1-3 = Mild Severity
4-6 = Moderate Severity
7-9 = Severe
10 = Very Severe

	0	1	2	3	4	5	6	7	8	9	10
Stress Urinary Incontinence (Leakage of urine when you cough or sneeze)											☐
Fecal Incontinence											☐
Constipation											☐
Dyspareunia (Pain with Sex)											☐
Feeling of a Bulge Coming Out of Vagina											☐
Back Pain											☐
Pelvic Pain											☐
Other ☐											☐

Q8. Using the table below, please indicate which treatment options you have tried, the duration, and your satisfaction with each.

*Please enter a number between 0-10 with 0 corresponding with no satisfaction and 10 being very satisfied.

	Duration of Treatment				How satisfied are you with the resolution of your symptoms?
	0-3 months	3-6 months	6-12 months	Greater than a year	0-10
Pessary	○	○	○	○	☐
Physical Therapy	○	○	○	○	☐
Other (Non-Surgical)	○	○	○	○	☐

Q9. Using the table below, please indicate which treatment options you have tried, the duration, and your satisfaction with each.

*Please enter a number between 0-10 with 0 corresponding with no satisfaction and 10 being very satisfied.

**If you had surgery, please choose a date that reflects how long it has been since surgery was performed.

	Time Since Surgery			Time Since Surgery	How satisfied are you with the resolution of your symptoms?
	0-6 months	6-12 months	1-3 years	Other (if greater than 3 years)	0-10
Anterior Repair	○	○	○		
Posterior Repair	○	○	○		
Mid-Urethral Sling, Transobturator	○	○	○		
Mid-Urethral Sling, Retropubic	○	○	○		
Sacrocolpopexy	○	○	○		
Colpopoiesis	○	○	○		
Other (Please Describe)	○	○	○		

Q10. If not resolved, what are your symptoms currently?

0 = No Severity
1-3 = Mild Severity
4-6 = Moderate Severity
7-9 = Severe
10 = Very Severe

	0	1	2	3	4	5	6	7	8	9	10
Stress Urinary Incontinence (Leakage of urine when you cough or sneeze)											
Fecal Incontinence											
Constipation											
Dyspareunia (Pain with Sex)											
Feeling of a Bulge Coming Out of Vagina											
Back Pain											
Pelvic Pain											
Other											

Q11. Please list your current symptoms and severity after treatment.

0 = No Severity
1-3 = Mild Severity
4-6 = Moderate Severity
7-9 = Severe
10 = Very Severe

***Propose to take out this question Dr. Brooks?

	0	1	2	3	4	5	6	7	8	9	10
Stress Urinary Incontinence (Leakage of urine when you cough or sneeze)											
Fecal Incontinence											

	0	1	2	3	4	5	6	7	8	9	10
Constipation											
Dyspareunia (Pain with Sex)											
Feeling of a Bulge Coming Out of Vagina											
Back Pain											
Pelvic Pain											
Other											