



POP RISK FACTOR QUESTIONNAIRE

If you suspect you have Pelvic Organ Prolapse but are not sure, this questionnaire may help you decide whether or not you need to seek guidance from a health care professional. If you have 3 or more risk factors listed on this questionnaire, you may be at risk for POP and should be screened by your health care practitioner. Early detection of POP can lead to less aggressive treatment options. Print out this questionnaire and take it to your physician for analysis if you feel you are at risk of having POP. Circle the applicable answer.

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| 1. Have you had at least one vaginal birth? | Yes | No |
| 2. How many vaginal births have you had? | _____ | |
| 3. Were there complications with any of your deliveries? | _____ | |
| 4. Are you in menopause? | Yes | No |
| 5. Are you a marathon runner or do you jog consistently? | Yes | No |
| 6. Have you had chronic constipation for over a year? | Yes | No |
| 7. Do you lift heavy weight at home (including children over 30#)? | Yes | No |
| 8. Have you had a hysterectomy? | Yes | No |
| 9. Have you had chronic coughing for over a year? | Yes | No |
| 10. Do you leak urine when you sneeze, cough, or laugh? | Yes | No |
| 11. Do you have difficulty starting your urine stream? | Yes | No |
| 12. Do you feel like there is a lump bulging from your vaginal area? | Yes | No |
| 13. Do your tampons push out of place? | Yes | No |
| 14. Do you have fecal incontinence? | Yes | No |
| 15. Do you have back or/pelvic/rectal/vaginal pain? | Yes | No |
| 16. Do you have vaginal or rectal pressure? | Yes | No |
| 17. Is intercourse painful for you? | Yes | No |
| 18. Do you have a lack of sexual sensation? | Yes | No |

This questionnaire is not meant to take the place of treatment from a health care practitioner; always seek the advice of your physician on matters of personal health.

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