

## PROLAPSE/Quality of life

Name: ..... DOB: ..... / ..... / ..... Date: .....

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### Short Form of the Incontinence Impact Questionnaire

Has the presence of prolapse affected your:	None	Slightly	Moderately	Greatly
1. Ability to do household chores?	0	1	2	3
2. Physical recreation such as walking, swimming, or exercise?	0	1	2	3
3. Entertainment activities (movies, concerts, etc)?	0	1	2	3
4. Ability to travel by car or bus more than 30 minutes?	0	1	2	3
5. Participation in social activities outside the home?	0	1	2	3
6. Emotional health (nervousness, depression, etc)?	0	1	2	3
7. Feeling frustrated?	0	1	2	3

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