

1. Assessment of Pelvic Organ Prolapse

- Prolapse present at rest: No Yes
 Prolapse present with Valsalva: No Yes
 Leakage present: No Urine Stool

Not done, participant declined:

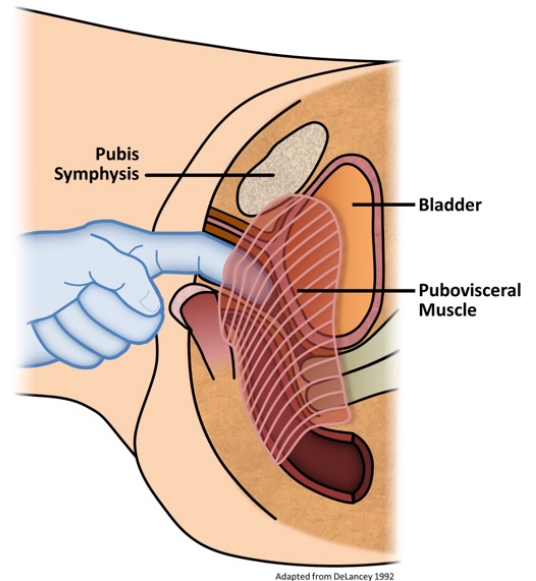
- Unable to understand instructions
 Fear of pain exacerbation
 Increased pain/discomfort at attempt of examination
 Felt unsafe
 Other: _____

Not done, evaluator judgement that participant was:

- At heightened physical risk due to participant's circumstances/abilities
 At heightened psychological/emotional risk due to participant's circumstances and/or trauma history
 Participant unable to follow instructions
 Other: _____

2. Palpatory Assessment of Pubovisceral (PV) Muscle Integrity

Right PV Muscle	Left PV Muscle
<input type="checkbox"/> 2 Present	<input type="checkbox"/> 2 Present
<input type="checkbox"/> 1 Equivocal	<input type="checkbox"/> 1 Equivocal
<input type="checkbox"/> 0 Not Palpable/absent	<input type="checkbox"/> 0 Not Palpable/absent
Indicate relevance of muscle bulk by each side	
<input type="checkbox"/> Both sides equal	
<input type="checkbox"/> Right side muscle bulk more than Left side	
<input type="checkbox"/> Left side muscle bulk more than Right side	



Did the PV muscle assessment provoke pain? Yes No

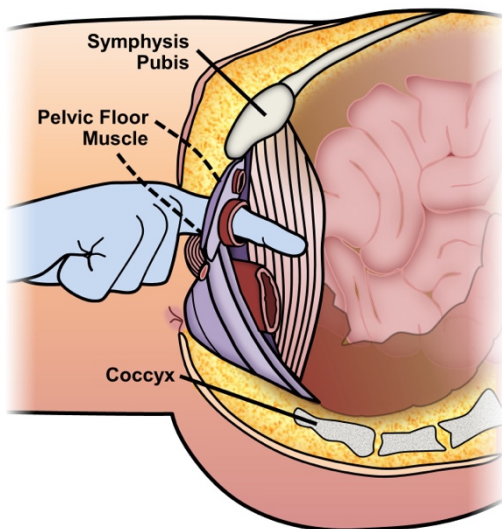
Not done, participant declined:

- Unable to understand instructions
 Fear of pain exacerbation
 Increased pain/discomfort at attempt of examination
 Felt unsafe
 Other: _____

Not done, evaluator judgement that participant was:

- At heightened physical risk due to participant's circumstances/abilities
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 Participant unable to follow instructions
 Other: _____

3. Pelvic Floor Muscle (PFM) Evaluation



		Right PFM Strength Score (choose one number)	Left PFM Strength Score (choose one number)	Midline PFM Strength Score (choose one number)
No contraction	No discernable muscular contraction	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0
Flicker	Very slight muscular contraction	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
Weak	An increase in tension is detected, without any discernible lift	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
Moderate	Lifting of the muscle belly with elevation of the posterior vaginal wall	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
Good with lift	Increased tension, good contraction elevating the posterior vaginal wall	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
Strong	Finger is squeezed and drawn into the vagina	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5

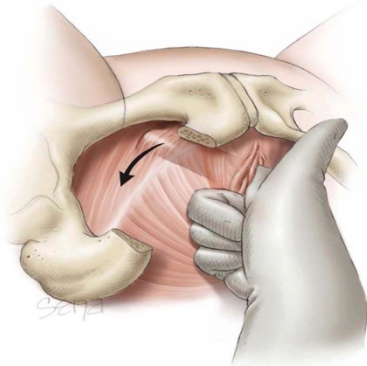
 Not done, participant declined:

- Unable to understand instructions
- Fear of pain exacerbation
- Increased pain/discomfort at attempt of examination
- Felt unsafe
- Other: _____

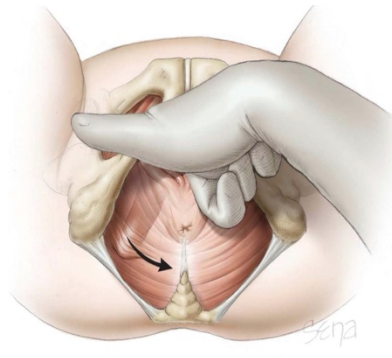
 Not done, evaluator judgement that participant was:

- At heightened physical risk due to participant's circumstances/abilities
- At heightened psychological/emotional risk due to participant's circumstances and/or trauma history
- Participant unable to follow instructions
- Other: _____

4. Obturator Internus and Levator Ani Myofascial Pain Screening Examination



Obturator Internus

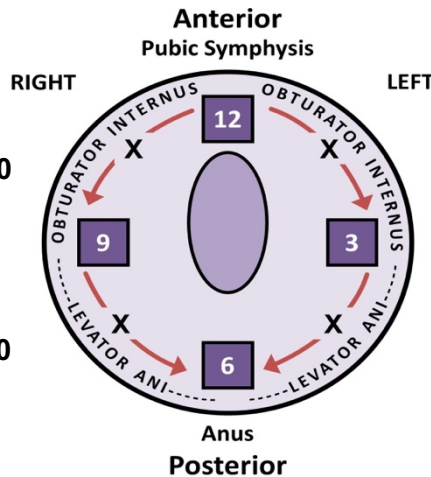


Levator Ani

0-10 scale	Pain Rating
0	Pressure, no pain
1-3	Mild pain
4-6	Moderate pain
7-10	Severe pain

RIGHT obturator internus: ____/10

RIGHT levator ani: ____/10



LEFT obturator internus: ____/10

LEFT levator ani: ____/10

 Not done, participant declined:

- Unable to understand instructions
- Fear of pain exacerbation
- Increased pain/discomfort at attempt of examination
- Felt unsafe
- Other: _____

 Not done, evaluator judgement that participant was:

- At heightened physical risk due to participant's circumstances/abilities
- At heightened psychological/emotional risk due to participant's circumstances and/or trauma history
- Participant unable to follow instructions
- Other: _____

Evaluator Name and Signature

Evaluator Name: _____ Evaluator Signature: _____