Women’s Gynecologic Health, Second Edition

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Errata Sheet
Dedication

To our best teachers: our students and the women for whom we have provided care; and
To our colleagues, friends, and family members who have been encouraging and patient throughout the
long labor of this second edition. There are too many to mention each of you by name, but you know
that we know who you are. We truly appreciate the support you provided
—Kerri and Francie

To:
My longtime practice affiliates Earl Williams, MD, James Irwin, MD, Kenneth Vanderkolk, MD, and
the late Joseph Moore, MD, whose consistent advocacy helped pave the way for advanced practice
registered nurses in Michigan to be credentialed and practice within their scope;
Virinder Moudgil, PhD, VPAA of Oakland University, who gave me the opportunity to work with the
wonderful students, staff, and faculty at Oakland University;
My parents, Marie and Don Hall, whose belief that I can do anything makes me believe that I can;
Judd for his humor and companionship;
My children, Mary, Sean, and Sarah, who bring me life’s greatest joys; and
Bode for his unconditional love.
—Kerri

To:
My husband Zan, your love is my haven, and your support makes anything possible;
My nieces Katherine and Elizabeth, my sister Mary, and my mother Katey, I have the best days with you;
and
Robin, Amy, and Debi, your circle of friendship sustains me.
—Francie
complications, and outcome. Obtaining pertinent medical records may also be useful if the woman cannot supply sufficient information.

**Urologic Health** Topics include the occurrence and frequency of bladder infections, renal infections, incontinence, or other abnormal symptoms.

**Cervical Cancer Screening** Determine whether the woman has had previous cervical cytology screening. If so, find out the approximate date of the last test and if the results were abnormal. For a woman who has had an abnormal cervical cancer screening result, ask what follow-up occurred, and whether subsequent screening results have been normal.

**Sexual Health** Ask if the woman is sexually active. If so, determine whether this activity occurs with men, women, or both; whether she is satisfied with her sexual function; and whether she or her partner or partners have any concerns or problems. Further information about assessment of sexual health can be found in Chapter 11.

**Contraceptive Use** The contraceptive history is obtained from heterosexual women. Determine whether the woman or her partner is currently using a contraceptive method, whether she is satisfied with the method or desires a change, or if she has questions about her current

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**FIGURE 6-1** Female genital mutilation. A. Normal anatomy; B. Type I; C. Type II; D. Type III.
FIGURE 6-10 Variations in uterine position. A: Anteverted; B: Anteflexed; C: Retroverted; D: Retroflexed; E: Midposition of the uterus.
Variations in uterine position. A: Anteverted; B: Anteflexed; C: Retroverted; D: Retroflexed; E: Midposition of the uterus. (Continued)
FIGURE 6-10 Variations in uterine position. A: Anteverted; B: Anteflexed; C: Retroverted; D: Retroflexed; E: Midposition of the uterus. (Continued)

FIGURE 6-11 Adnexal examination.
TABLE 28-4 The 2001 Bethesda Categories of Epithelial Cell Abnormalities

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASC-US</td>
<td>Atypical squamous cells of undetermined significance</td>
</tr>
<tr>
<td></td>
<td>This term is used when the squamous cells do not appear completely normal</td>
</tr>
<tr>
<td></td>
<td>but it is not possible to determine the cause of the abnormal cells.</td>
</tr>
<tr>
<td>ASC-H</td>
<td>Atypical squamous cells—cannot exclude HSIL.</td>
</tr>
<tr>
<td>LSIL</td>
<td>Low-grade squamous intraepithelial neoplasia</td>
</tr>
<tr>
<td></td>
<td>Encompasses:</td>
</tr>
<tr>
<td></td>
<td>HPV</td>
</tr>
<tr>
<td></td>
<td>CIN 1 (mild dysplasia): lesion involves the initial 1/3 of the epithelial</td>
</tr>
<tr>
<td></td>
<td>layer</td>
</tr>
<tr>
<td>HSIL</td>
<td>High-grade squamous intraepithelial neoplasia</td>
</tr>
<tr>
<td></td>
<td>Encompasses:</td>
</tr>
<tr>
<td></td>
<td>CIN 2 (moderate dysplasia): Lesion involves 1/3 to &lt; 2/3 of the epithelial</td>
</tr>
<tr>
<td></td>
<td>layer</td>
</tr>
<tr>
<td></td>
<td>CIN 3 (severe dysplasia, carcinoma in situ): Lesion involves 2/3 to full</td>
</tr>
<tr>
<td></td>
<td>thickness</td>
</tr>
<tr>
<td>Squamous carcinoma</td>
<td>Malignant cells penetrate basement membrane of cervical epithelium and</td>
</tr>
<tr>
<td></td>
<td>infiltrate stromal tissue (supporting tissue)</td>
</tr>
<tr>
<td></td>
<td>In advanced cases, cancer may spread to adjacent organs such as bladder</td>
</tr>
<tr>
<td></td>
<td>or rectum, or to distant sites in the body via the blood stream and</td>
</tr>
<tr>
<td></td>
<td>lymphatic channels.</td>
</tr>
</tbody>
</table>

Note: CIN = cervical intraepithelial neoplasia.

testing can identify which women need a colposcopy as soon as possible and which ones can be followed by repeat cytology and high-risk HPV testing in 12 months (see Figure 28-12 later in this chapter) (ASCCP, 2009).

High-risk HPV DNA testing and genotyping are not recommended in the following circumstances:

- Adolescents, defined as women 20 years and younger (regardless of their cytology results)
- Women 21 years and older with ASC-H, LSIL, or HSIL cytology (note: “reflex” HPV testing is acceptable in postmenopausal women with LSIL)
- Routine screening in women before the age of 30 years
- In women considering vaccination against HPV
- For routine STD screening
- As part of a sexual assault workup
- HPV genotyping is not recommended for women with ASC-US
- HPV genotyping is not recommended as the initial screening test for women 30 years and older (ASCCP, 2009)

The American Society for Colposcopy provides guidelines for the appropriate use of the tests on its website (http://www.asccp.org/pdfs/consensus/clinical_update_20090408.pdf).
Management of Adolescent Women (20 Years and Younger) with High-Grade Squamous Intraepithelial Lesion (HSIL)

Colposcopic Examination  
(Immediate loop electrosurgical excision is unacceptable)

NO CIN 2,3

CIN 2,3

Two Consecutive Negative Paps AND NO High-grade Colposcopic Abnormality

Routine Screening

Other Results

Observation with Colposcopy and Cytology*  
@ 6 month intervals for up to 2 years

HSIL Persists for 24 months with no CIN 2,3 identified

Biopsy

Diagnostic Excisional Procedure

Manage per ASCCP Guideline  
CIN 2,3 IF NO CIN 2,3, continue observation

Manage per ASCCP Guideline for Adolescents with CIN 2,3

* Preferred approach provided the colposcopic examination is satisfactory and endocervical sampling is negative. Otherwise a diagnostic excisional procedure should be performed.

**FIGURE 28-8** Management of adolescent women (20 years and younger) with high-grade squamous intraepithelial lesion (HSIL).

## Pelvic Pain Assessment Form

**Physician:** ____________________________

**Date:** ____________________________

This assessment form is intended to assist the clinician with the initial patient assessment and is not meant to be a diagnostic tool.

### Contact Information

- **Name:** ____________________________
- **Birth Date:** ______________________
- **Chart Number:** ____________________
- **Phone:**
  - **Work:** ____________________________
  - **Home:** ____________________________
  - **Cell:** ____________________________

- **Referring Provider’s Name and Address:** ___________________________________________________________________

### Information About Your Pain

Please describe your pain problem (use a separate sheet of paper if needed):

__________________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________________

What do you think is causing your pain?

- [ ] Yes
- [ ] No

If so, what?

How long have you had this pain?  ____ years  ____ months

For each of the symptoms listed below, please “bubble in” your level of pain over the last month using a 10-point scale:

- 0 - no pain
- 10 – the worst pain imaginable

How would you rate your pain?  

<table>
<thead>
<tr>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
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<tr>
<td>Pain at ovulation (mid-cycle)</td>
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<tr>
<td>Pain just before period</td>
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<tr>
<td>Pain (not cramps) before period</td>
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<td>Deep pain with intercourse</td>
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<td>Pain in groin when lifting</td>
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<tr>
<td>Pelvic pain lasting hours or days after intercourse</td>
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<td>Pain when bladder is full</td>
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<tr>
<td>Muscle/joint pain</td>
<td></td>
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<td></td>
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<td></td>
<td></td>
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<tr>
<td>Level of cramps with period</td>
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<tr>
<td>Pain after period is over</td>
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<tr>
<td>Burning vaginal pain after sex</td>
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<td>Pain with urination</td>
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<td>Backache</td>
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<td>Migraine headache</td>
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<td>Pain with sitting</td>
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### Provider Comments

__________________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________________

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(205) 877-2950  www.pelvicpain.org  (800) 624-9676 (if in the U.S.)
Information About Your Pain
What types of treatments/providers have you tried in the past for your pain? Please check all that apply.

- Acupuncture
- Anesthesiologist
- Anti-seizure medications
- Biofeedback
- Botox injection
- Contraceptive pills/patch/ring
- Danazol (Danocrine)
- Depo-Provera
- Gastroenterologist
- Gynecologist
- Family practitioner
- Herbal medicine
- Homeopathic medicine
- Meditation
- Narcotics
- Naturopathic medication
- Neurosurgeon
- Nonprescription medicine
- Nutrition/diet
- Physical therapy
- Psychotherapy
- Psychiatrist
- Rheumatologist
- Skin magnets
- Surgery
- TENS unit
- Trigger point injections
- Urologist
- Other

Pain Maps
Please shade areas of pain and write a number from 1 to 10 at the site(s) of pain. (10 = most severe pain imaginable)

Vulvar/Perineal Pain
(pain outside and around the vagina and anus)

If you have vulvar pain, shade the painful areas and write a number from 1 to 10 at the painful sites. (10 = most severe pain imaginable)

Is your pain relieved by sitting on a commode seat? □ Yes □ No

Right               Left

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(205) 877-2950 www.pelvicpain.org (800) 624-9676 (if in the U.S.)
What physicians or health care providers have evaluated or treated you for **chronic pelvic pain**?

<table>
<thead>
<tr>
<th>Physician/Provider</th>
<th>Specialty</th>
<th>City, State, Phone</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

**Demographic Information**

Are you (check all that apply):
- Married
- Widowed
- Separated
- Committed Relationship
- Single
- Remarried
- Divorced

Who do you live with? _____________________________________________________________________________

Education:
- Less than 12 years
- High School graduate
- College degree
- Postgraduate degree

What type of work are you trained for? ________________________________________________________________

What type of work are you doing? ____________________________________________________________________

**Surgical History**

Please list all surgical procedures you have had related to this pain:

<table>
<thead>
<tr>
<th>Year</th>
<th>Procedure</th>
<th>Surgeon</th>
<th>Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

Please list all other surgical procedures:

<table>
<thead>
<tr>
<th>Year</th>
<th>Procedure</th>
<th>Year</th>
<th>Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

**Provider Comments**

____________________________________________________________________________________________________

____________________________________________________________________________________________________

____________________________________________________________________________________________________

____________________________________________________________________________________________________

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(205) 877-2950 www.pelvicpain.org (800) 624-9676 (if in the U.S.)
Medications
Please list pain medication you have taken for your pain condition in the past 6 months, and the providers who prescribed them (use a separate page if needed):

<table>
<thead>
<tr>
<th>Medication/Dose</th>
<th>Provider</th>
<th>Did it help?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>□ Yes □ No □ Currently taking</td>
</tr>
</tbody>
</table>

Please list all other medications you are presently taking, the condition, and the provider who prescribed them (use a separate page if needed):

<table>
<thead>
<tr>
<th>Medication/Dose</th>
<th>Provider</th>
<th>Medical Condition</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Obstetrical History
How many pregnancies have you had? ________
Resulting in (✓): __ Full 9 months __ Premature __ Miscarriage/Abortion __ Living children
Where there any complications during pregnancy, labor, delivery, or postpartum?

☐ 4° episiotomy ☐ C-section ☐ Vacuum ☐ Postpartum hemorrhaging
☐ Vaginal laceration ☐ Forceps ☐ Medication for bleeding ☐ Other ________

Family History
Has anyone in your family had:
☐ Fibromyalgia ☐ Chronic pelvic pain ☐ Irritable bowel syndrome
☐ Depression ☐ Interstitial cystitis ☐ Other chronic condition ________
☐ Endometriosis ☐ Cancer, type(s) ________

Medical History
Please list any medical problems/diagnoses
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
Allergies (including latex allergy)
Who is your primary care provider?

Have you ever been hospitalized for anything besides childbirth? □ Yes □ No If yes, please explain ___________

Have you had major accidents such as falls or a back injury? □ Yes □ No
Have you ever been treated for depression? □ Yes □ No Treatments: ☐ Medication ☐ Hospitalization ☐ Psychotherapy

Birth control method:
☐ Nothing ☐ Pill ☐ Vasectomy ☐ Vaginal ring ☐ Depo-Provera
☐ Condom ☐ IUD ☐ Hysterectomy ☐ Diaphragm ☐ Tubal sterilization
☐ Other ____________________
Menstrual History
How old were you when your menses started? _________
Are you still having menstrual periods? □ Yes □ No

Answer the following only if you are still having menstrual periods.
Periods are: □ Light □ Moderate □ Heavy □ Bleed through protection
How many days between your periods? ____________
How many days of menstrual flow? _______________
Date of first day of last menstrual period ___________
Do you have any pain with your periods? □ Yes □ No
Does pain start the day flow starts? □ Yes □ No Pain starts ______ days before flow
Are periods regular? □ Yes □ No
Do you pass clots in menstrual flow? □ Yes □ No

Gastrointestinal/Eating
Do you have nausea? □ No □ With pain □ Taking medications □ With eating □ Other
Do you have vomiting? □ No □ With pain □ Taking medications □ With eating □ Other
Have you ever had an eating disorder such as anorexia or bulimia? □ Yes □ No
Are you experiencing rectal bleeding or blood in your stool? □ Yes □ No
Do you have increased pain with bowel movements? □ Yes □ No

The following questions help to diagnose irritable bowel syndrome, a gastrointestinal condition, which may be a cause of pelvic pain.
Do you have pain or discomfort that is associated with the following:
Change in frequency of bowel movement? □ Yes □ No
Change in appearance of stool or bowel movement? □ Yes □ No
Does your pain improve after completing a bowel movement? □ Yes □ No

Health Habits
How often do you exercise? □ Rarely □ 1–2 times weekly □ 3–5 times weekly □ Daily
What is your caffeine intake (number cups per day, include coffee, tea, soft drinks, etc)? □ 0 □ 1–3 □ 4–6 □ > 6
How many cigarettes do you smoke per day? ___________ For how many years ? ____________
Do you drink alcohol? □ Yes □ No
Number of drinks per week
Have you ever received treatment for substance abuse? □ Yes □ No
What is your use of recreational drugs? □ Never used □ Used in the past, but not now □ Presently using □ No answer
□ Heroin □ Amphetamines □ Marijuana □ Barbiturates □ Cocaine □ Other
How would you describe your diet? (check all that apply) □ Well balanced □ Vegan □ Vegetarian □ Fried food
□ Special diet ____________ □ Other ____________

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Urinary Symptoms
Do you experience any of the following?

- Loss of urine when coughing, sneezing, or laughing? □ Yes □ No
- Difficulty passing urine? □ Yes □ No
- Frequent bladder infections? □ Yes □ No
- Blood in the urine? □ Yes □ No
- Still feeling full after urination? □ Yes □ No
- Having to void again within minutes of voiding? □ Yes □ No

The following questions help to diagnose painful bladder syndrome, which may cause pelvic pain. Please circle the answer that best describes your bladder function and symptoms.

<table>
<thead>
<tr>
<th>Question</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. How many times do you go to the bathroom <strong>DURING THE DAY</strong> (to void or empty your bladder)?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>3–6</td>
<td>7–10</td>
<td>11–14</td>
<td>15–19</td>
<td>20 or more</td>
</tr>
<tr>
<td>2. How many times do you go to the bathroom <strong>AT NIGHT</strong> (to void or empty your bladder)?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4 or more</td>
</tr>
<tr>
<td>3. If you get up at night to void or empty your bladder, does it bother you?</td>
<td>Never</td>
<td>Mildly</td>
<td>Moderately</td>
<td>Severely</td>
<td></td>
</tr>
<tr>
<td>4. Are you sexually active? □ Yes □ No</td>
<td>Never</td>
<td>Occasionally</td>
<td>Usually</td>
<td>Always</td>
<td></td>
</tr>
<tr>
<td>5. If you are sexually active, do you now or have you ever had pain or symptoms during or after sexual intercourse?</td>
<td>Never</td>
<td>Occasionally</td>
<td>Usually</td>
<td>Always</td>
<td></td>
</tr>
<tr>
<td>6. If you have pain with intercourse, does it make you avoid sexual intercourse?</td>
<td>Never</td>
<td>Occasionally</td>
<td>Usually</td>
<td>Always</td>
<td></td>
</tr>
<tr>
<td>7. Do you have pain associated with your bladder or in your pelvis (lower abdomen, labia, vagina, urethra, perineum)?</td>
<td>Never</td>
<td>Occasionally</td>
<td>Usually</td>
<td>Always</td>
<td></td>
</tr>
<tr>
<td>8. Do you have urgency after voiding?</td>
<td>Never</td>
<td>Occasionally</td>
<td>Usually</td>
<td>Always</td>
<td></td>
</tr>
<tr>
<td>9. If you have pain, is it usually</td>
<td>Never</td>
<td>Mild</td>
<td>Moderate</td>
<td>Severe</td>
<td></td>
</tr>
<tr>
<td>10. Does your pain bother you?</td>
<td>Never</td>
<td>Occasionally</td>
<td>Usually</td>
<td>Always</td>
<td></td>
</tr>
<tr>
<td>11. If you have urgency, is it usually</td>
<td>Mild</td>
<td>Moderate</td>
<td>Severe</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Does your urgency bother you?</td>
<td>Never</td>
<td>Occasionally</td>
<td>Usually</td>
<td>Always</td>
<td></td>
</tr>
</tbody>
</table>

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### Coping Mechanisms

Who are the people you talk to concerning your pain, or during stressful times?
- [ ] Spouse/partner
- [ ] Relative
- [ ] Support group
- [ ] Clergy
- [ ] Doctor/nurse
- [ ] Friend
- [ ] Mental health provider
- [ ] I take care of myself

How does your partner deal with your pain?
- [ ] Doesn’t notice when I’m in pain
- [ ] Takes care of me
- [ ] Does not apply
- [ ] Withdrawing
- [ ] Feels helpless
- [ ] Distracts me with activities
- [ ] Gets angry

What helps your pain?
- [ ] Meditation
- [ ] Relaxation
- [ ] Lying down
- [ ] Music
- [ ] Massage
- [ ] Ice
- [ ] Heating pad
- [ ] Hot bath
- [ ] Pain medication
- [ ] Laxatives/enema
- [ ] Injection
- [ ] TENS unit
- [ ] Bowel movement
- [ ] Emptying bladder
- [ ] Nothing
- [ ] Other ________________________________

What makes your pain worse?
- [ ] Intercourse
- [ ] Orgasm
- [ ] Stress
- [ ] Full meal
- [ ] Bowel movement
- [ ] Full bladder
- [ ] Urrination
- [ ] Standing
- [ ] Walking
- [ ] Exercise
- [ ] Time of day
- [ ] Weather
- [ ] Contact with clothing
- [ ] Coughing/sneezing
- [ ] Not related to anything
- [ ] Other ________________________________

Of all the problems or stresses or your life, how does your pain compare in importance?
- [ ] The most important problem
- [ ] Just one of many problems

---

### Sexual and Physical Abuse History

Have you ever been the victim of emotional abuse? This can include being humiliated or insulted
- [ ] Yes
- [ ] No
- [ ] No answer

Check an answer for both as a child and as an adult.

**As a child (13 and younger)**

<table>
<thead>
<tr>
<th>Question</th>
<th>Option 1</th>
<th>Option 2</th>
<th>Option 3</th>
<th>Option 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Has anyone ever exposed the sex organs of their body to you when you did not want it?</td>
<td>☐ Yes</td>
<td>☐ No</td>
<td>☐ Yes</td>
<td>☐ No</td>
</tr>
<tr>
<td>1b. Has anyone ever threatened to have sex with you when you did not want it?</td>
<td>☐ Yes</td>
<td>☐ No</td>
<td>☐ Yes</td>
<td>☐ No</td>
</tr>
<tr>
<td>1c. Has anyone ever touched the sex organs of your body when you did not want this?</td>
<td>☐ Yes</td>
<td>☐ No</td>
<td>☐ Yes</td>
<td>☐ No</td>
</tr>
<tr>
<td>1d. Has anyone ever made you touch the sex organs of their body when you did not want this?</td>
<td>☐ Yes</td>
<td>☐ No</td>
<td>☐ Yes</td>
<td>☐ No</td>
</tr>
<tr>
<td>1e. Have you had any other unwanted sexual experiences not mentioned above?</td>
<td>☐ Yes</td>
<td>☐ No</td>
<td>☐ Yes</td>
<td>☐ No</td>
</tr>
</tbody>
</table>

If yes, please specify _____________________________________________________________________________

**As an adult (14 and over)**

<table>
<thead>
<tr>
<th>Question</th>
<th>Option 1</th>
<th>Option 2</th>
<th>Option 3</th>
<th>Option 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. When you were a child (13 or younger), did an older person do the following?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Hit, kick, or beat you?</td>
<td>☐ Never</td>
<td>☐ Seldom</td>
<td>☐ Occasionally</td>
<td>☐ Often</td>
</tr>
<tr>
<td>b. Seriously threaten your life?</td>
<td>☐ Never</td>
<td>☐ Seldom</td>
<td>☐ Occasionally</td>
<td>☐ Often</td>
</tr>
</tbody>
</table>

3. Now that you are an adult (14 or older), has any other adult done the following?

<table>
<thead>
<tr>
<th>Question</th>
<th>Option 1</th>
<th>Option 2</th>
<th>Option 3</th>
<th>Option 4</th>
</tr>
</thead>
<tbody>
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<td>a. Hit, kick, or beat you?</td>
<td>☐ Never</td>
<td>☐ Seldom</td>
<td>☐ Occasionally</td>
<td>☐ Often</td>
</tr>
<tr>
<td>b. Seriously threaten your life?</td>
<td>☐ Never</td>
<td>☐ Seldom</td>
<td>☐ Occasionally</td>
<td>☐ Often</td>
</tr>
</tbody>
</table>

### Short-Form McGill

The words below describe average pain. Place a check mark (✓) in the column which represents the degree to which you feel that type of pain. Please limit yourself to a description of the pain in your pelvic area only.

<table>
<thead>
<tr>
<th>Type</th>
<th>None (0)</th>
<th>Mild (1)</th>
<th>Moderate (2)</th>
<th>Severe (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Throbbing</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shooting</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stabbing</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sharp</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cramping</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gnawing</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hot-Burning</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aching</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heavy</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tender</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Splitting</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tiring-Exhausting</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sickness</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fearful</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Punishing-Cruel</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>


---

### Pelvic Varicosity Pain Syndrome Questions

- Is your pelvic pain aggravated by prolonged physical activity? □ Yes □ No
- Does your pelvic pain improve when you lie down? □ Yes □ No
- Do you have pain that is deep in the vagina or pelvis during sex? □ Yes □ No
- Do you have pelvic throbbing or aching after sex? □ Yes □ No
- Do you have pelvic pain that moves from side to side? □ Yes □ No
- Do you have sudden episodes of severe pelvic pain that come and go? □ Yes □ No
Physical Examination – For Physician Use Only

Name: ___________________________ Chart Number: ___________________________

Date of Exam: ___________ Height: _______ Weight: _______ BMI: _______

BP: _______ HR: _______ Temp: _______ Resp: _______ LMP: _______

ROS, PFSH Reviewed: □ Yes □ No  Physician Signature: _______________________

General Appearance: □ Well-appearing □ Ill-appearing □ Tearful □ Depressed
□ Underweight □ Overweight □ Abnormal gait

NOTE: Mark “Not Examined” as N/E

HEENT □ WNL □ Other ___________ Lungs □ WNL □ Other ___________ Heart □ WNL □ Other ___________ Breasts □ WNL □ Other ___________

Abdomen

□ Nontender  □ Tender  □ Incisions  □ Trigger points
□ Inguinal tenderness  □ Inguinal bulge  □ Suprapubic tenderness  □ Ovarian point tenderness
□ Mass  □ Guarding  □ Rebound  □ Distention

□ Other ___________________________

Back

□ Nontender  □ Tender  □ Alteration in posture  □ SI joint rotation ___________

Lower Extremities

□ WNL  □ Edema  □ Varicosities  □ Neuropathy  □ Length discrepancy ___________

Neuropathy

□ Iliohypogastric  □ Ilioinguinal  □ Genitofemoral  □ Pudendal  □ Altered sensation

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(205) 877-2950  www.pelvicpain.org  (800) 624-9676 (if in the U.S.)
Fibromyalgia/Back/Buttock

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>4</td>
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<tr>
<td>5</td>
<td>6</td>
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<td>12</td>
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<td>13</td>
<td>14</td>
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<td>15</td>
<td>16</td>
</tr>
<tr>
<td>17</td>
<td>18</td>
</tr>
</tbody>
</table>

Left Right Right Left

External Genitalia

☐ WNL  ☐ Erythema  ☐ Discharge  ☐ Q-tip test (show on diagram)  ☐ Tenderness (show on diagram)

Q-tip Test (score each circle 0–4)  Total Score

Other Findings

Vagina

☐ WNL  ☐ Wet prep: __________________________  ☐ Vaginal mucosa  ☐ Discharge

☐ Local tenderness  ☐ Vaginal apex tenderness (post hysterectomy – show on diagram)

Cultures: ☐ GC  ☐ Chlamydia  ☐ Fungal  ☐ Herpes

Right Left

Transverse apex closure

Vertical apex closure

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### Unimanual Exam
- WNL
- Cervix
- Introitus
- Cervical motion
- Uterine-cervical junction
- Parametrium
- Urethra
- Vaginal cuff
- Bladder
- Cul-de-sac
- R ureter
- L ureter
- R inguinal
- L inguinal
- Muscle awareness
- Clitoral tenderness

#### Rank muscle tenderness on 0–4 scale
- R obturator
- L obturator
- R piriformis
- L piriformis
- R pubococcygeus
- L pubococcygeus
- Total pelvic floor score
- Anal sphincter

### Bimanual Exam
- Uterus: Tender
- Nontender
- Absent
- Position: Anterior
- Posterior
- Midplane
- Size: Normal
- Other
- Contour: Regular
- Irregular
- Other
- Consistency: Firm
- Soft
- Hard
- Mobility: Mobile
- Hypermobile
- Fixed
- Support: Well supported
- Prolapse

### Adnexal Exam
- Right:
- Absent
- WNL
- Tender
- Fixed
- Enlarged ________ cm
- Left:
- Absent
- WNL
- Tender
- Fixed
- Enlarged ________ cm

### Rectovaginal Exam
- WNL
- Nodules
- Guaiac positive
- Tenderness
- Mucosal pathology
- Not examined

### Assessment:
___________________________________________________________________________________________
_____________________________________________________________________________________________________
_____________________________________________________________________________________________________
_____________________________________________________________________________________________________
_____________________________________________________________________________________________________

### Diagnostic Plan:
_______________________________________________________________________________________
_____________________________________________________________________________________________________
_____________________________________________________________________________________________________

### Therapeutic Plan:
______________________________________________________________________________________
_____________________________________________________________________________________________________
_____________________________________________________________________________________________________
_____________________________________________________________________________________________________

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COLOR PLATE 29 Allergic contact dermatitis.

COLOR PLATE 30 Lichen sclerosus.

COLOR PLATE 31 Erosive lichen planus.

COLOR PLATE 32 Lichen simplex chronicus.

COLOR PLATE 33 Vulvar psoriasis.

COLOR PLATE 34 Nabothian cyst.
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COLOR PLATE 35  Cervical polyp. © Dr. P. Marazzi/Photo Researchers, Inc.

COLOR PLATE 36  Uterine fibroids: A. Classifications by location; B. Ultrasound Image. (B) © Dr. Najeeb Layyous/Photo Researchers, Inc.

COLOR PLATE 37  Adenomyosis. © Biophoto Associates/Photo Researchers, Inc.

COLOR PLATE 38  Endometriosis. © Dr. Najeeb Layyous/Photo Researchers, Inc.

COLOR PLATE 39  Ovarian cyst. © Dr. Najeeb Layyous/Photo Researchers, Inc.