

A1. Study ID#:

A2. Visit # F/U 10 WeeksVS05
F/U 8 Months.....VS08

PARAMETER	RATING DESCRIPTION
B1. Pressure	<p>No response; cannot perceive on finger surface 1</p> <p>Weak squeeze; felt as a flick at various points along finger surface; not all the way around 2</p> <p>Moderate squeeze; felt all the way around finger surface 3</p> <p>Strong squeeze 4</p>
B2. Duration	_____ • _____ seconds
B3. Displacement of vertical plane	<p>None..... 1</p> <p>Fingertips may move anteriorly (pushed up by muscle bulk)..... 2</p> <p>Whole length of fingers move anteriorly 3</p> <p>Whole fingers move anteriorly; are gripped and pulled in ... 4</p>

B4. Date PC assessment completed: _____ / _____ / _____
Month Day Year

B5. PC assessment examiner's initials:

B6. Date abstract completed: _____ / _____ / _____
Month Day Year

B7. Abstractor's initials: _____

SECTION C: PELVIC ORGAN PROLAPSE QUANTIFICATION EXAM

POINT	[DESCRIPTION]	RECORD VALUE	RANGE	NA
C1.	Aa anterior wall 3 cm from external urethral meatus	_____ . _____	-03 to +03	
C2.	Ba most dependent part of anterior wall	_____ . _____	-03 to +TVL	
C3.	C cervix or vaginal cuff	_____ . _____	± TVL	
C4.	D posterior fornix (if no prior total hyst)	_____ . _____	± TVL	888
C5.	Ap posterior wall 3 cm from hymen	_____ . _____	-03 to +03	
C6.	Bp most dependent part of posterior wall	_____ . _____	-03 to +TVL	
C7.	GH genital hiatus (mid urethral meatus to vaginal introitus posterior Fourchette)	_____ . _____	no limit	
C8.	PB perineal body (vaginal introitus posterior Fourchette to mid-anal opening)	_____ . _____	no limit	
C9.	TVL total vaginal length	_____ . _____	no limit	

C10. Date POP-Q completed: _____ / _____ / _____
 Month Day Year

C11. POP-Q examiner's initials: _____

C12. Date abstract completed: _____ / _____ / _____
 Month Day Year

C13. Abstractor's initials: _____