

Patient ID: _____

Physician ID: _____

Date: _____ / _____ / _____
month day year

Physical Exam

Abdominal exam (For each question below, please put an X in the correct box)

1. Masses?

₁ yes

₀ no

2. Suprapubic tenderness?

₁ 0

₂ 1+

₃ 2+

3. CVA tenderness?

₁ yes

₀ no

4. Abdominal tenderness?

₁ yes

₀ no

5. Hernia Present?

₁ yes

₀ no

Perineum (For each question below, please put an X in the correct box)

6. Perineal Masses?

₁ yes, _____
(Please describe)

₀ no

7. Perineal Tenderness?

₁ yes

₀ no

Urethral palpation (For each question below, please put an **X** in the correct box)

8. Urethral mass?

₁ yes

₀ no

9. Pus from meatus?

₁ yes

₀ no

10. Urethral tenderness?

₁ yes

₀ no

Rectal Exam (For each question below, please put an **X** in the correct box)

11. Normal?

₁ yes

₀ no

12. Masses?

₁ yes

₀ no

L Is a neurologic exam indicated?

₁ yes **L** (Please complete questions 13 through 16.)

₀ no **L** (Please skip to question 17.)

Neurologic exam (For each question below, please put an **X** in the correct box)

13. Rectal sphincter tone

₀ normal

₁ weak

₂ absent

14. Bulbocavernous reflex

₀ normal

₁ brisk

₂ diminished

₃ absent

15. Voluntary contraction of anal sphincter

- ₀ normal
- ₁ weak
- ₂ absent

16. Perianal sensation

- ₀ normal
- ₁ brisk
- ₂ diminished
- ₃ absent

L The following 6 questions are for **male** patients only. **%**

L For **female** patients please skip to question 23. **&**

Prostate exam (For each question below, please put an X in the correct box)

17. Prostate tenderness?

- ₁ yes
- ₀ no

18. Prostate nodules?

- ₁ yes
- ₀ no

19. Prostate size

- ₀ 0 -
- ₁ 1 -
- ₂ 2 -
- ₃ 3 -
- ₄ 4 -

Genital Exam (males) (For each question below, please put an X in the correct box)

20. Cutaneous lesions?

- ₀ None
- ₁ Herpes
- ₂ Infected cyst
- ₃ Rash
- ₄ Condyloma
- Other _____

(Please specify)

21. Testes present?

left

₁ yes

₀ no

If yes, ₁ descended

₂ undescended

right

₁ yes

₀ no

If yes, ₁ descended

₂ undescended

22. Penis circumcised?

₁ yes

₀ no

L Physical Exam is **complete** for **male** patients. **%**

L Please continue for **female** patients only. **&**

Genital Exam (females) (For each question below, please put an **X** in the correct box)

23. Cutaneous lesions?

₀ None

₁ Herpes

₂ Infected cyst

₃ Rash

₄ Condyloma

Other _____

(Please specify)

24. Urethral Caruncle?

₁ yes

₀ no

Bimanual Vaginal Exam (For each question below, please put an **X** in the correct box)

25. Discharge?

₁ yes

₀ no

26. Atrophic vaginitis?

₁ yes

₀ no

27. Cystocele?

₁ 1 - small

₂ 2 - moderate not to introitus

₃ 3 - out of introitus during cough

₄ 4 - out of introitus at rest

₀ 0 - none

28. Rectocele?

₁ 1 - small

₂ 2 - moderate not to introitus

₃ 3 - out of introitus during cough

₄ 4 - out of introitus at rest

₀ 0 - none

29. Enterocele?

₁ 1 - small

₂ 2 - moderate not to introitus

₃ 3 - out of introitus during cough

₄ 4 - out of introitus at rest

₀ 0 - none

30. Prolapsed Uterus?

₁ 1 - small

₂ 2 - moderate not to introitus

₃ 3 - out of introitus during cough

₄ 4 - out of introitus at rest

₀ 0 - none

31. Redness of Introitus?

₁ yes

₀ no

32. Tenderness of introitus?

- ₁ yes
₀ no

33. Clinical diagnosis of vulvodynia?

- ₁ yes
₀ no

34. Signs of vaginitis?

- ₁ yes **L** (*Wet prep must be done.*)
₀ no

35. Is there tenderness in any of the following areas? (*Please put an X in one column for each area.*)

	none (0)	mild (1)	moderate (2)	severe (3)
a. posterior vaginal wall				
b. urethra				
c. right lateral wall (sacrouterine ligament)				
d. left lateral wall (sacrouterine ligament)				
e. bladder base				