

DIARY FOR PROLAPSE SYMPTOMS

NAME:

DATE STARTED:

It is important to monitor your progress over a period of time.

You may be experiencing a variety of symptoms or sensations related to the presence of a prolapse eg: vaginal heaviness, dragging, bulging or aching. You may also experience discomfort in the low abdominal, groin or low back area.

1. **Record your symptoms:** At the end of the day reflect on your symptoms and using the scale below, rate the bother of your prolapse symptoms at their worst.

0 1 2 3 4 5 6 7 8 9 10

NO prolapse bother *Worst prolapse bother*

2. **Record possible aggravating factor:**

eg. **EOD:** end of day

L: lifting / carrying

BA.: Bowel action (Before / During / After)

PM: pre-menstrual

PFE: doing less pelvic floor exercises or any other relevant/specific events to your lifestyle.

F: Fatigue

C: coughing

PS: prolonged standing

M: menstrual

	MON	TUES	WED	THURS	FRI	SAT	SUN
WEEK 1 Date starting: / / Eg 5 L Vacuum							
WEEK 2 Date starting: / /							
WEEK 3 Date starting: / /							
WEEK 4 Date starting: / /							

	MON	TUES	WED	THURS	FRI	SAT	SUN
WEEK 5							
WEEK 6							
WEEK 7							
WEEK 8							
WEEK 9							
WEEK 10							
WEEK 11							
WEEK 12							

Please bring this with you to every appointment. Thank you

Leading the way