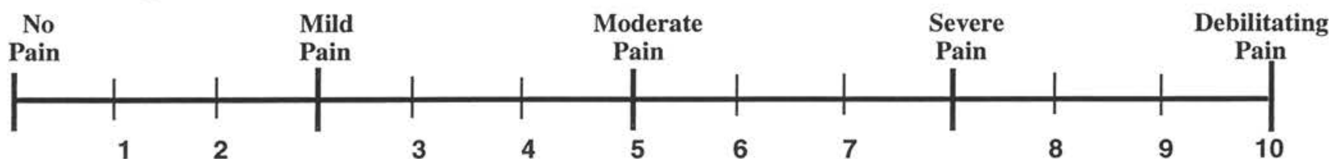
PELVIC PAIN SCALE
POPE PAUL VI INSTITUTE

Patient's Name:____
Date:____
Diagnosis:____
Intervening Rx:____



PAIN SCORE

1. Menstrual Cramps ☐
2. Pelvic Pain (other than cramps) with menstruation ☐
3. Low backache with menses ☐
4. Are you genitally active? Yes_____ No_____
   If yes, pain with intercourse with deep penetration ☐
5. Pain with bowel movements, especially during menstruation ☐
6. Do you experience period pain or low backache during the week leading up to menstruation? Yes_____ No_____ If yes, how severe? ☐
7. Do you have pelvic pain between menstrual periods? Yes____ No____
   If yes, how severe? ☐
8. Do you have pelvic pain at the time of ovulation? Yes_____ No_____
   If yes, how severe? ☐
9. Do you have any of the following additional symptoms at the time of your period?

Constipation	Yes_____	No_____
Diarrhea	Yes_____	No_____
Intestinal Cramps	Yes_____	No_____
Pelvic Pain with Exercise	Yes_____	No_____

10. How many days each month do you experience some type of pelvic pain? __________
11. How many days each month do you feel good? __________
12. Which of the following medications have you taken for this pain and how effective have they been?

MEDICATION	YES	NO	EFFECTIVENESS: NO EFFECT	SOME EFFECT	GOOD EFFECT
Anaprox	☐	☐	☐	☐	☐
Motrin	☐	☐	☐	☐	☐
Aspirin	☐	☐	☐	☐	☐
Codeine	☐	☐	☐	☐	☐
Birth Control Pills	☐	☐	☐	☐	☐
Other _______________	☐	☐	☐	☐	☐

THANK YOU FOR YOUR TIME!

Prepared by
Pope Paul VI Institute For the Study of Human Reproduction