

Date Completed _____

REDCap # _____ Pre _____ Post _____ Long Term Follow-up _____ months

PERINEAL RADIATION VAGINAL FISTULA INDEX

1. How much of a problem is/are your fistula(s), overall?

None	A little problem, occasional symptoms	A medium problem with noticeable symptoms, but manageable	A major problem with significant symptoms that affect my life
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2. How much pain do you have from the fistula(s)?

None	Mild	Moderate	Severe
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3. In total, how much discharge do you have from the fistula(s)? (Including blood, pus, stool or urine)

None (skip to number 7)	At little bit of discharge	A medium amount of discharge	A lot of discharge
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4. What type of discharge do you have from the fistula(s)?

- a. Urine
- b. Stool
- c. Pus
- d. Blood
- e. Other

5. Do you use pads to manage the fistula(s) discharge?

Yes No (skip to question 7)

6. If yes, how many pads do you use per day to manage the discharge?

- a. 1 or less
- b. 2-3
- c. 3-4
- d. 4 or more

7. Are there areas in the genital/anal area that are swollen, firm, or hard to the touch?

Yes No

8. If yes, how many?

1	2	3	> 3
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