

**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 region that are swollen, firm, or hard to the touch?**

Yes  No

**8. If yes, how many?**

1	2	3	> 3
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