



Vaginal Discomfort Questionnaire (VDQ)

Name: _____ Today's Date: _____
Date of Birth: _____ Age: _____ Treatment #: Pre #1 _____ / Pre #2 _____ / Pre #3 _____ / Pre Maintenance _____
Email: _____ Cell Phone: _____

The purpose of these questions is to determine to what degree your symptoms of vaginal discomfort (vaginal pain, vaginal burning, vaginal dryness and/or pain with intercourse) are affecting your quality of life. Please underline or circle the answer that comes closest to how you have felt during the past 14 days (2 weeks). Please answer ALL ten (10) questions.

1. The overall degree of my vaginal discomfort is:

- Usually severe (3)
- Frequently severe (2)
- Occasionally severe (1)
- Rarely severe (0)

2. I have a lot of discomfort or urgency with urination or I wake up 2 or more times a night to urinate.

- Yes, a lot of the time (3)
- Yes, sometimes (2)
- No, not very often (1)
- No, or just occasionally (0)

3. My vaginal discomfort is causing difficulty sleeping

- Yes, most of the time (3)
- Yes, sometimes (2)
- Not very often (1)
- No, not at all (0)

4. I enjoy pain-free intercourse with my sexual partner

- Yes, most of the time (0)
- Yes, sometimes (1)
- No, not very often (2)
- No, not at all (3)
- Not sexually active (0)

5. My vaginal discomfort interferes with my daily activities

- Yes, most of the time (3)
- Yes, sometimes (2)
- Not very often (1)
- No, not at all (0)

6. I am satisfied with my degree of vaginal lubrication during sex

- Yes, most of the time (0)
- Yes, sometimes (1)
- Not very often (2)
- No, not at all (3)
- Not sexually active (0)



7. I have been unhappy about my vaginal discomfort

- Yes, a lot of the time (3)
- Yes, sometimes (2)
- Not very often (1)
- No, not at all (0)

8. Due to my vaginal discomfort, I am less affectionate with my partner

- Yes, a lot of the time (3)
- Yes, sometimes (2)
- Not very often (1)
- No, not at all (0)
- Not in a relationship (0)

9. *I look forward to having sex with my partner

- As much as I ever did (0)
- Rather less than I used to (1)
- Definitely less than I used to (2)
- Hardly at all (3)
- Not sexually active (0)

10. *My vaginal discomfort has had a negative effect on my relationship with my partner

- No, not at all (0)
- Not very often (1)
- Yes, sometimes (2)
- Yes, most of the time (3)
- Not in a relationship (0)

TOTAL SCORE: _____ Date _____
Signed _____

Instructions for Users

- *Questions 4, 6, 9, 10
Are scored 0, 1, 2 or 3 with the bottom item scored as 3
- Questions 1, 2, 3, 5, 7, 8,
Are scored as 3, 2, 1, or 0 with the bottom box scored as 0
- Items 4, 6, 8, 9, 10 have 5th option. If chosen, mark score as 0

Interpretation – the VDQ score is a rough measure of how much impact your symptoms of discomfort are having on your day-to-day life, health and relationship.

- 0-9, minimal impact on day-to-day life
- 10-14, mild to moderate impact on quality of life. We can help, call for a consultation.
- 15-19, moderate to severe impact on quality of life and/or sex life. Good candidate for MonaLisa Touch
- 20 and above, severe impact on day-to-day life, quality of life and sex life. Great candidate for MonaLisa Touch