

The Pelvic Pain Psychological Screening Questionnaire (3PSQ)

Everyone experiences painful situations at some point in their lives. We are interested in the thoughts and feelings that you have when you experience pelvic pain and how you cope with it.

PART A: In the past month:

		Never	Rarely	Sometimes	Often	Always
S	I felt overly stressed	0	1	2	3	4
A	I felt nervous, anxious or on edge	0	1	2	3	4
HA	I worried a lot about my health	0	1	2	3	4
D	I felt down, depressed or hopeless	0	1	2	3	4
D	I took little interest or pleasure in doing things	0	1	2	3	4
M	I worried whether something serious was wrong	0	1	2	3	4
R	I couldn't seem to keep the pain out of my mind	0	1	2	3	4
HV	I paid close attention to my pain	0	1	2	3	4
SE	I could not confidently live a normal lifestyle due to my pain	0	1	2	3	4
H	I felt helpless in being able to reduce or cope with the pain	0	1	2	3	4
F	I was afraid of the pain	0	1	2	3	4
Av	I tried to avoid anything that caused or worsened my pain	0	1	2	3	4

PART B: During my life:

T	I have had a stressful experience or traumatic life event that has had a negative impact on me	No		Yes
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PART C: If you have been sexually active in the past month, please answer the following two questions:

		Never	Rarely	Sometimes	Often	Always
Av	I avoided sexual activity because of my pain	0	1	2	3	4
SA	I could say no to sexual activity if I didn't want it	4	3	2	1	0