

PATIENT QUESTIONNAIRE

We realize that seemingly small issues can have a profound impact on your overall quality of life and we are committed to offering specialized services that help our patients feel their very best. We have recently added a new procedure, Geneveve™, which treats a very common condition called vaginal laxity. A natural outcome of aging, genetics, lifestyle or vaginal childbirth. We realize that many women may be adversely impacted by this and we would like to give you the opportunity to determine if Geneveve is right for you. We recognize patients can be hesitant to bring up personal or intimate issues but want to assure you we welcome your questions and are available to discuss this further with you.

I would prefer to have this conversation with a woman.

HAVE YOU EVER EXPERIENCED THE FOLLOWING?

- | | | |
|--|---|-----------------------------|
| Urine leakage especially when coughing, sneezing, jumping, etc. | <input type="checkbox"/> Yes. Number episodes/day _____ | <input type="checkbox"/> No |
| Disrupted sleep due to frequent trips to the bathroom | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Reduced sensation during intercourse | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Feeling of laxity during intercourse | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Feeling that the vaginal area is not as firm or tight as it once was | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| A general sense of laxity in the vaginal area | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Tampons slipping | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

HOW WOULD YOU RATE YOUR CURRENT LEVEL OF VAGINAL LAXITY? CIRCLE ONE

1 - Loose 2 - Moderately Loose 3 - Slightly Loose 4 - Neither Loose nor Tight
5 - Slightly Tight 6 - Moderately Tight 7 - Tight

Has this changed over time? Yes No

HAS A FEELING OF LAXITY AFFECTED YOUR:

- | | | |
|--------------------------|------------------------------|-----------------------------|
| Self-confidence | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Sexual self-image | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Interest in having sex | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Overall sexual enjoyment | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Other (please explain): | | |

DO YOU THINK SOME DEGREE OF LAXITY HAS AFFECTED YOUR PARTNER'S EXPERIENCE? Yes No