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Valayza™

Vaginal Discomfort Questionnaire (VDQ)

Name: _____ Today's Date: _____

Address: _____

Date of Birth: _____ Your Age: _____

Cell Phone: _____ Other 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).

1. The overall degree of my vaginal discomfort is:

- Usually severe
- Frequently severe
- Occasionally severe
- Rarely severe

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
- Yes, sometimes
- No, not very often
- No, or just occasionally

3. My vaginal discomfort is causing difficulty sleeping

- Yes, most of the time
- Yes, sometimes
- Not very often
- No, not at all

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

- Yes, most of the time
- Yes, sometimes
- No, not very often
- No, not at all
- Not sexually active

Score: _____

Reviewer: _____

5. My vaginal discomfort interferes with my daily activities
 - Yes, most of the time
 - Yes, sometimes
 - Not very often
 - No, not at all

6. *I am satisfied with my degree of vaginal lubrication during sex
 - Yes, most of the time
 - Yes, sometimes
 - Not very often
 - No, not at all
 - Not sexually active

7. I have been unhappy about my vaginal discomfort
 - Yes, a lot of the time
 - Yes, sometimes
 - Not very often
 - No, not at all

8. Due to my vaginal discomfort, I am less affectionate with my partner
 - Yes, a lot of the time
 - Yes, sometimes
 - Not very often
 - No, not at all
 - Not in a relationship

9. *I look forward to having sex with my partner
 - As much as I ever did
 - Rather less than I used to
 - Definitely less than I used to
 - Hardly at all
 - Not sexually active

10. *My vaginal discomfort has had a negative effect on my relationship with my partner
 - No, not at all
 - Not very often
 - Yes, sometimes
 - Yes, most of the time
 - Not in a relationship

TOTAL SCORE: _____ Date _____

Signed _____

Instructions for Users

1. The patient is asked to mark 1 of 4 possible responses that comes the closest to how she has been feeling the previous 14 days (2 weeks).
2. All 10 items must be completed.
3. Care should be taken to avoid the possibility of the patient discussing her answers with others.
4. The patient should complete the scale herself, unless she has limited English or has difficulty with reading.

Scoring

***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 Valayza™

20 and above, severe impact on day-to-day life, quality of life and sex life. Great candidate for Valayza™