Study Number……..

Baseline/6 month follow up *(Please delete as appropriate)*

Date of assessment……..

POP-Q	
Genital Hiatus: _____ cm	Perineal body: _____ cm
Uterus: _____	
Urethra: mobile / immobile	
Prolapse findings	

POP – Q staging				
Compartment	**Stage**			
Anterior	1	2	3	4
Posterior	1	2	3	4
Apex	1	2	3	4

or

Formal POP - Q		
Aa	**Ba**	**C**
Gh	**Pb**	**TVL**
Ap	**Bp**	**D**

Additional notes

Clinician
Name……..Sig……Desig……Date……