

SYMPTOM SEVERITY

Listed below are symptoms experienced by women who have uterine fibroids. Please consider each symptom as it relates to your uterine fibroids or menstrual cycle. Each question asks how much distress you have experienced from each symptom during the previous 3 months.

There are no right or wrong answers. Please be sure to answer every question by circling the most appropriate number. If a question does not apply to you, please circle "not at all" as a response.

Name	Date of Birth	Date			
In the last 3 months, how distressed were you by ...	Not at All	A Little Bit	Some-what	A Great Deal	A Very Great Deal
1. Heavy bleeding during your menstrual period	1	2	3	4	5
2. Passing blood clots during your menstrual period	1	2	3	4	5
3. Irregular amount of time between your menstrual periods	1	2	3	4	5
4. Irregular number of days that your menstrual periods last	1	2	3	4	5
5. Feeling tightness or pressure in your pelvic area	1	2	3	4	5
6. Frequent day time urination	1	2	3	4	5
7. Frequent night time urination	1	2	3	4	5
8. Feeling fatigued	1	2	3	4	5

Please do not write below this line

For Office Use Only:

(UFS-QoL)¹

Transformed score = $\frac{\text{Actual raw score} - \text{lowest possible score}}{\text{Possible raw score range}} * 100$
Actual raw score (X) = _____
Transformed symptom severity score = $\left(\frac{(X - 8)}{32} \right) * 100 = \underline{\hspace{2cm}}$
Lowest possible score = 8 Possible raw score range = 32

¹ Spies JB, Coyne K, Guaou N, et al. The Uterine Fibroid Symptom and Health-Related Quality of Life Questionnaire (UFS-QoL), a new disease-specific symptom and health-related quality of life questionnaire for leiomyomata. *Obstet Gynecol* 2002; 99:290-300