



**Patients Global Impression of Improvement (PGI-I) for Prolapse**

Patient Name \_\_\_\_\_

Date of Birth

Date questionnaire completed

**Please indicate how long ago you had your prolapse surgery?**

6 weeks

3 months

6 months

1 year  Other: \_\_\_\_\_

**What best describes how your post-operative condition is now, compared with how it was before you had the prolapse surgery?**

Very much better

Much better

A little better

No change

A little worse

Much worse

Very much worse

**Thank you for taking the time to complete this questionnaire.**

**BSUG Audit and Database Committee.**