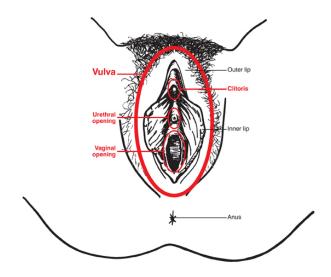
### VPAQfull/screen

### **Descriptive Questions**

Please reference the diagram below. Where do you experience chronic vulvar/genital pain? Select all that apply.

- Clitoris
- Urethral Opening
- Vulva
- Vaginal Opening/Vestibule



Do you experience vulvar skin symptoms such as:

	Yes	No
Itching		
Fissures/splits/tears		
Dryness		

If you have looked at your vulva, have you noted that the appearance has changed?

- Yes
- No
- I have not looked to note any changes

If you have vaginal discharge, do you believe that it contributes to your pain problem?

- Yes
- Maybe
- No
- No discharge

How long ago did your vulvar pain develop?

- < 6 months ago
- 7 months 2 years
- 3-5 years
- 6-10 years
- 10+ years

When do you experience your pain?

- Any time throughout the day
- During non-sexual contact with your vulva
- During sexual activity involving contact with your vulva
- Other:

Please choose the option that best describes when your pain begins or worsens during vulvar contact/penetration.

- When any contact is made with the vulva
- When the finger/object/penis starts to enter the vagina
- When the finger/object/penis has fully entered and is thrusting
- When a male partner ejaculates in the vagina without wearing a condom
- Only after penetration has ended
- When the finger/object/penis is removed
- My pain level does not change during vulvar contact/penetration

How well does the word BURNING describe how your vulvar pain typically feels?

- Not at all
- A little
- Somewhat
- Mostly
- Very much

## **VPAQfull Subscales**

## **Pain Severity**

Please rate the following about your vulvar pain (in a typical month)

	None	Mild	Moderate	Severe	Worst Possible				
Intensity: how strong the pain sensation is									
Average pain intensity									
Worst pain intensity									
Unpleasantness: how much the pain bothers you									
Average pain unpleasantness									
Worst pain unpleasantness									
Distress: how upset the pain makes you feel									
Worst distress about pain									
Average distress about pain									

### **Emotional Response**

In the past 6 months, how much do you experience **feeling** the following related to your vulvar pain?

puni	Not at all	A Little	Somewhat	A Lot	Very Much
Sad					
Unable to make changes in my life					
Bad about myself because of the					
pain					
Emotionally exhausted because of					
the pain					
Anger towards my pain					
Depressed					
That the pain will never stop					
Like my body has let me down					
Physically tense					
Like giving up					
That I am not a worthwhile person					
Distracted					
Hateful things about myself as a					
person					
Stressed about the pain					
That it is unfair that I have pain					

## **Cognitive Response**

In the past 6 months, how much do you experience **thinking/worrying** about the following related to your vulvar pain?

	Not at all	A Little	Somewhat	A Lot	Very Much
That people might think I'm a bad					
sexual partner					
That my partner(s) might think I'm					
frigid (i.e., sexually unresponsive)					
That my partner(s) will leave me					
That people (would) think less of					
me because of my pain					
That other people are better sexual					
partners than me					
That I am a bad sexual partner					
That I will not be able to find [a]					
future partner(s)					
That my pelvic muscles will be too					
tight					

## **Life Interference**

How much does your vulvar pain negatively interfere with the following?

·	Not at all	A Little	Somewhat	A Lot	Very Much	I avoid because of pain
Sitting						
Walking						
Wearing tight-fitting						
clothing						
Taking part in recreational						
activities						
Ability to work						
Going out with friends						
Fulfilling responsibilities						
to your family						
Ability to perform tasks at						
work						
Activities involving direct						
or indirect pressure (e.g.,						
bike riding)						
Using sanitary pads						
Ability to fall asleep						

#### **Sexual Function Interference**

How much does your vulvar pain negatively interfere with the following?

How much does your vurv	Not at all	A Little	Somewhat	A Lot	Very Much	I avoid because of
My manage to sayual						pain
My response to sexual						
advances made by my						
partner  Desire for several activity						
Desire for sexual activity						
Feeling sexual pleasure						
Orgasm frequency						
Taking part in non-						
penetrative sexual						
activity						
Taking part in						
penetrative sexual						
activity						
Worrying about sexual						
satisfaction no longer						
being possible						
Worrying that any						
sensation in your						
genitals will lead to pain						
Taking off your clothes						
around your partner						
Worrying about the next						
time your partner(s) will						
want sexual activity						

### **Self-Stimulation/Penetration Interference**

How often do the following situations/activities cause vulvar pain?

Never Rarely Sometimes Often Always I

	Never	Rarely	Sometimes	Often	Always	I avoid because of pain
Using tampons						
Solitary sexual stimulation of						
my vulva (i.e., masturbation)						
Masturbation when partner is						
present						
Self penetration with fingers						
(partner absent)						
Self penetration with sex toy						
(partner absent)						

### **VPAQscreen Subscales**

## **Pain Severity**

Please rate the following about your vulvar pain (in a typical month)

Trease rate the rone wing about your varvar pain (in a typical monar)								
	None	Mild	Moderate	Severe	Worst Possible			
Intensity: how strong the pain sensation is								
Average pain intensity								
Unpleasant	ness: hov	v much t	the pain bothe	ers you				
Average pain unpleasantness								
Distress: how upset the pain makes you feel								
Average distress about pain								

## **Cognitive/Emotional Reactions**

In the past 6 months, how much do you experience <u>feeling/thinking/worrying</u> about the following related to your vulvar pain?

	Not at all	A Little	Somewhat	A Lot	Very Much
That people might think I'm a					
bad sexual partner					
That my partner(s) might think					
I'm frigid (i.e., sexually					
unresponsive)					
That my partner(s) will leave					
me					
That people (would) think less					
of me because of my pain					
Sad					
Unable to make changes in my					
life					
Bad about myself because of the					
pain					
Emotionally exhausted because					
of the pain					
Anger towards my pain					
That the pain will never stop					

#### **Life Interference**

How much does your vulvar pain negatively interfere with the following?

	Not at all	A Little	Somewhat	A Lot	Very	I avoid
					Much	because of pain
Sitting						-
Walking						
Wearing tight-fitting						
clothing						
Taking part in						
recreational activities						
Ability to work						
Ability to fall asleep						

### **Sexual Function Interference**

How much does your vulvar pain negatively interfere with the following?

	Not at all	A Little	Somewhat	A Lot	Very Much	I avoid because of pain
My response to sexual advances made by my partner						pani
Desire for sexual activity						
Feeling sexual pleasure						
Orgasm frequency						
Taking part in non- penetrative sexual activity						
Taking part in penetrative sexual activity						

#### **Self-Stimulation/Penetration Interference**

How often do the following situations/activities cause vulvar pain?

	Never	Rarely	Sometimes	Often	Always	I avoid because of pain
Using tampons						
Solitary sexual stimulation of						
my vulva (i.e., masturbation)						
Masturbation when partner is						
present						
Self penetration with fingers						
(partner absent)						
Self penetration with sex toy						
(partner absent)						

<sup>\*\* &</sup>quot;N/A" option available for all Subscales but Pain Severity, and is coded as 0

<sup>\*\* &</sup>quot;I avoid because of pain" is coded as 4 (*Note*: this option was added following the study based on participant feedback, and requires validation in future research)

<sup>\*\*</sup> All other scaled responses range from 0-4

<sup>\*\*</sup> Mean scores are computed for each subscale

## Pain Descriptors (VPAQdesc)

When you experience vulvar pain, how well do the following words describe how your pain typically feels?

	Not at all	ot at all A Little Somewh		A Lot	Very Much		
1. Burning							
2. Stinging							
3. Sharp							
4. Stabbing							
5. Aching							
6. Irritating							
7. Raw							
8. Sensitive							
9. Tender							
10. Sore							

<sup>\*\*</sup>Burning Pain subscale: compute mean of items 1 & 2
\*\*Incisive Pain subscale: compute mean of items 3 & 4
\*\*Sensitivity subscale: compute mean of items 5-10

# **Coping Strategies (VPAQcope)**

To cope with my vulvar pain, I:

	Never	Rarely	Sometimes	Often	Always
1. Relax my body					
2. Breathe deeply					
3. Go to my "happy place"					
4. Practice yoga/stretching					
5. Do something that takes my mind off the pain					
6. Focus on staying optimistic					
7. Visit my doctor(s)					
8. Look for information on my pain					
9. Use prescription medication					
10. Talk to people in my social network					
11. Talk to others with similar pain					
12. Avoid anything that might cause pain					

<sup>\*\*</sup>Distraction/Relaxation-Based Strategies subscale: compute mean of items 1-6
\*\*Active Problem-Solving Strategies subscale: compute mean of items 7-12

**Partner Factors (VPAQpartner)** 

			1	Vever	Rarely		Sometimes		Often	Al	Always	
How does your ron	ıantic part	ner/spo	use re	espond t	o you	r vulve	ar pain?					
1. Asks what s/he o	can do											
2. Wants to talk about it												
3. Tries to acknowledge my pain												
4. Gets angry												
5. Blames me												
6. Appears frustrate	ed											
7. Is visibly upset												
8. Looks sad												
How do you interac	ct with you	r roma	ntic po	artner/s <sub>l</sub>	oouse	when	you are i	in pain	?			
9. Seek emotional	support											
10. Seek physical co												
11. Share your feeling												
12. Problem solve	_											
How has yo	ur vulvar p	oain im	pacted	the fol	lowin	g in yo	our roma	ntic rel	ationsh	ip?		
	-	Much		Somewhat Worse		T T		Somewhat N		Much	1	
	Worse		e							Better	r	
13. Physical intimac	ey .											
14. Emotional intim	•											
15. Sexual intimacy	<u> </u>											
16. Relationship qua	ality											
17. General commun												
18. Sexual commun	ication											
How comfo	rtable do y	ou feel	comr	nunicati	ng (ve	erbally	or non-	verball	y) with	your		
romantic partner/sp	ouse abou	t the fo	llowin	g when	exper	riencir	ig vulvar	pain?		-		
	Largely	ly So		Somewhat Uncomfortable		Neither		Somewhat		Lar	gely	
	Uncomfo					Comfo	rtable	Comfortable		e Coi	Comfortable	
						or						
					J	Jncon	nfortable					
19. Sexual desire												
20. Frequency of												
activity												
21. Amount of												
"foreplay"												
22. Duration of												
activity												
23. Sexual position												
24 Technique			1					1				

<sup>\*\*</sup>Negative Partner Response subscale: mean of items 4-8

<sup>\*\*</sup>Supportive Response subscale: mean of items 1-3, 9-12

<sup>\*\*</sup>Relationship Impact subscale: compute mean of items 13-18

<sup>\*\*</sup>Sexual Communication Comfort subscale: compute mean of items 19-24