Medicare Ltd

Helping women help themselves

Not for profit

Tel: 0871 218 1233 UK

www.pelvicorganprolapse.org

Name

Weight

Age

Pessary used

Type, Size

Indicate with P in chart if pessary was used at time of recording

Recommended reading:

Hold it Sister by Mary O'Dwyer

Pelvic Floor Essentials by Sue Croft

Grade the severity of symptom felt. 1 being least 5 being worst

Indicate a 'P' in the chart when a pessary is used

POP DIARY FOR TRACKING PELVIC ORGAN PROLAPSE Record and show this chart to your medical advisor

DATE	TIME	URINE LEAKAGE or URINE RETENTION	FECAL INCONTINENCE	CONSTIPATION	PRESSURE, VAGINAL/RECTAL	PAIN, VAGINAL, RECTAL, BACK,PELVIC	Prolapse felt - Bulge - Entrance of vagina - Outside vagina	PAINFUL INTERCOURSE	LACK OF SEXUAL SENSATION	ACTIVITY AT TIME OF SYMPTOM	NOTES
		Indicate with UL, UR		Record a BM	Indicate with V,R		Indicate with B, EV, OV				