Appendix A

**Modified Vulvovaginal Symptom Questionnaire**

**Instructions:** Following are a list of questions about your symptoms of vulvovaginal atrophy. The skin surrounding the vagina is called the vulva. Just like skin in other parts of the body, the vulva can sometimes become irritated and have symptoms. All information is strictly confidential. Please check the box that best answers the question for you. Thank you for your help.

1. Do you feel your vulva being irritated

[ ] Always (4) [ ]  Usually (3) [ ]  Sometimes (2) [ ] Seldom (1) [ ] Never (0)

1. Do you feel itching in vulva?

[ ] Always (4) [ ]  Usually (3) [ ]  Sometimes (2) [ ] Seldom (1) [ ] Never (0)

1. Do you feel any burning or stinging sensation in vulva?

[ ] Always (4) [ ]  Usually (3) [ ]  Sometimes (2) [ ] Seldom (1) [ ] Never (0)

1. Do you feel any pain in vulva?

[ ] Always (4) [ ]  Usually (3) [ ]  Sometimes (2) [ ] Seldom (1) [ ] Never (0)

1. Do you feel your vulva being dry?

[ ] Always (4) [ ]  Usually (3) [ ]  Sometimes (2) [ ] Seldom (1) [ ] Never (0)

1. Is there any odor from your vulva or vagina?

[ ] Always (4) [ ]  Usually (3) [ ]  Sometimes (2) [ ] Seldom (1) [ ] Never (0)

1. Have you noticed any unrelated bleeding from your vagina?

[ ] Always (4) [ ]  Usually (3) [ ]  Sometimes (2) [ ] Seldom (1) [ ] Never (0)

1. Do you feel worried about your vulvar symptoms that it may spread or get worse or leave scarring?

[ ] Always (4) [ ]  Usually (3) [ ]  Sometimes (2) [ ] Seldom (1) [ ] Never (0)

1. Do you have negative emotions such as frustration, disgust, embarrassment, guilt about your vulvovaginal symptoms?

[ ] Always (4) [ ]  Usually (3) [ ]  Sometimes (2) [ ] Seldom (1) [ ] Never (0)

1. Are these symptoms having a negative effect on your interactions with others?

[ ] Always (4) [ ]  Usually (3) [ ]  Sometimes (2) [ ] Seldom (1) [ ] Never (0)

1. Are these symptoms making it hard for you to show your affection in intimate relations?

[ ] Always (4) [ ]  Usually (3) [ ]  Sometimes (2) [ ] Seldom (1) [ ] Never (0)

1. Are these symptoms affecting your daily activities such as exercise, Sexual function, daily chores etc.?

[ ] Always (4) [ ]  Usually (3) [ ]  Sometimes (2) [ ] Seldom (1) [ ] Never (0)