

SELF-ASSESSMENT WORKSHEET

Exercise One – Visualizing Your Perineum

When I examine my perineum, I find:

___ No Pain or Irritation ___ Irritation/Redness ___ Pain

Describe any pain. (Mild to Severe, Sharp/Dull, Burning, Aching, Stabbing, Itching, etc.)

Exercise Two – Using Your Pelvic Floor

When I attempt a Kegel contraction, I am:

___ Able to contract/movement ___ Unable to contract/no movement

Exercise Three – Rating Your Pain

I can insert a tampon. ___ Yes ___ No (If no, move directly to Exercise 5.)

On a scale of 0 (no pain) to 10 (worst pain imaginable), my pain when inserting a dilator is:

___ Dilator 1 ___ Dilator 2 ___ Dilator 3 ___ Dilator 4 ___ Dilator 5 ___ Pelvic Wand

On a scale of 0 to 10, my pain when attempting intercourse is ____.

Exercise Four – Locating Your Pain

Using the pelvic clock diagram as a guide, make a note of any pain you locate at any of the following spots between 4 o'clock and 8 o'clock on Muscle Layer One and/or Muscle Layer Two. If you are working beyond the standard program to treat deeper pain (deep dyspareunia) use the third column to note pain at any of the following spots on Muscle Layer Three.

Pain Location(s) Layer 1 Layer 2 Layer 3

1 o'clock	x	x	_____
2 o'clock	x	x	_____
4 o'clock	_____	_____	_____
5 o'clock	_____	_____	_____
7 o'clock	_____	_____	_____
8 o'clock	_____	_____	_____
10 o'clock	x	x	_____
11 o'clock	x	x	_____



SELF-ASSESSMENT GOALS AND PROGRESS

Exercise Five – Assessing Large Muscle Groups

I experience pain or tightness in the following large muscle areas (Low Back, Hip, Groin, etc.)

Pain Rating (0-10): ____ Description: _____

Exercise Six – My Treatment Goals

In the space below, write your treatment goals. See Self-Assessment Exercise Six for suggestions. Resist the temptation to add a timetable.

- 1.
- 2.
- 3.
- 4.
- 5.

Progress Tracker

To track your progress during the program, place a check mark on the appropriate line as insertion of each dilator becomes pain free.

____ Dilator One (D1)	____ Pelvic Wand (optional)
____ Dilator Two (D2)	____ Transition To Intercourse
____ Dilator Three (D3)	
____ Dilator Four (D4)	
____ Dilator Five (D5)	