

The Vulvar Pain Assessment Questionnaire (VPAQ)

Quick Clinical Guide for Use in Practice

What is the VPAQ?

The VPAQ is a validated self-report set of scales for chronic vulvar pain. It assesses pain features and impacts across biopsychosocial domains.^{1,2,3}

Domains

Core subscales⁴

Domain	What it measures
Pain severity	Intensity, unpleasantness, distress
Emotional response	Anxiety, sadness
Cognitive response	Worry about a variety of situations
Life interference	Work, sleep, daily activity
Sexual function interference	Desire, pleasure, orgasm, sexual activity
Self stimulation and penetration interference	Tampon use, masturbation, self penetration.

Supplemental subscales⁴

Domain	What it measures
Pain descriptors	Burning or stinging, stabbing pain, sensitivity.
Coping strategies	Distraction and relaxation, problem-solving.
Partner factors	Partner responses, support seeking, relationship impact, sexual communication comfort.

Scoring

- Items are rated 0 to 4; compute the mean per subscale.¹
- Behaviour item "I avoid because of pain" is always scored 4.^{1,2}
- Code N/A as 0 for applicable subscales, except Pain Severity.^{1,2}
- Cognitive and Emotional subscales can be combined as Psychological Distress when a composite is clinically helpful.²

Rule of thumb: Higher scores indicate greater severity or impact. Compare scores within the same patient over time. Use the same version and subscales at follow-up.²



When to administer and for whom

Who. Adults with chronic vulvar pain, including suspected vulvodynia, **provoked vestibulodynia**, or mixed presentations.⁴

How. At baseline, then every 4 to 8 weeks during active treatment.⁴

When. Self-report before the visit or on paper/tablet in the waiting room. Be sure to complete the vulvar anatomy diagram (on the first page of the questionnaire) for location questions.

Management Guidance

When chronic vulvar pain is attributed to a known cause after careful evaluation, the cause should be treated, and the patient should be followed over time for symptom tracking.

When the cause of chronic vulvar pain is unknown after a comprehensive investigation, then consider the diagnosis of vulvodynia.⁵

For vulvodynia, particularly provoked vestibulodynia, evidence-based interventions include:

- Pelvic floor physiotherapy
- Psychotherapy that includes cognitive behavioral therapy with a focus on pain and sexual wellbeing
- In select cases and when conservative treatments have not been successful, vestibulectomy may be considered
- Consider referral to gynecology or sexual medicine when symptoms persist or diagnostic clarity is needed

Treatment should be individualized and responsive to the patient's goals, distress level, relationship context, and symptom severity.

How to use the VPAQ in clinic

- **Before the visit.** Send the VPAQ link to the patient with a short note on the purpose of the tool and confidentiality.
- **During the visit.** Review the first page of the questionnaire. This page guides the clinical interview, focused pelvic exam, and helps identify likely diagnostic pathways.⁴
- **After the visit.** Record baseline scores. Collaboratively set one or two measurable goals linked to the patient's concerns and priorities.
- **Follow up.** Re-administer the same version used at baseline. Compare scores, note changes, and adjust the management plan.

Use the VPAQ alongside history, focused pelvic exam, and rule outs for dermatologic, infectious, neuropathic, hormonal, and pelvic floor contributors.¹

Access the VPAQ

Download the full VPAQ and manual by visiting the link below (includes scoring templates and patient copy). [VPAQ Inventory and manual.](#)



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- 1 Dargie, E., & Pukall, C. F. (2019). *The Vulvar Pain Assessment Questionnaire Inventory*. In D. S. Wiederman & E. S. Janssen (Eds.), *Handbook of sexuality-related measures* (4th ed., pp. 603–612). Routledge. <https://doi.org/10.4324/9781315183169>
 - 2 Dargie, E., Holden, R. R., & Pukall, C. F. (2016). The Vulvar Pain Assessment Questionnaire inventory. *Pain*, 157(12), 2672–2686. <https://doi.org/10.1097/j.pain.0000000000000682>
 - 3 Dargie, E., Holden, R. R., & Pukall, C. F. (2017). The Vulvar Pain Assessment Questionnaire: Factor Structure, Preliminary Norms, Internal Consistency, and Test-Retest Reliability. *The journal of sexual medicine*, 14(12), 1585–1596. <https://doi.org/10.1016/j.jsxm.2017.10.072>
 - 4 Dargie, E., Pukall, C. F., Goetsch, M., Stenson, A., & Leclair, C. (2019). The Clinical Utility of the Vulvar Pain Assessment Questionnaire: A Pilot Study. *Journal of lower genital tract disease*, 23(4), 272–278. <https://doi.org/10.1097/LGT.0000000000000488>
 - 5 Bornstein, J., Goldstein, A. T., Stockdale, C. T., Bergeron, S., Pukall, C., Zolnoun, D., & Coady, D. (2016). 2015 ISSVD, ISSWSH, and IPPS consensus terminology and classification of persistent vulvar pain and vulvodynia. *Obstetrics & Gynecology*, 127(4), 745–751. <https://doi.org/10.1097/AOG.0000000000001359>
 - 6 Goldstein, A. T., Pukall, C. F., Brown, C., Bergeron, S., Stein, A., & Kellogg-Spadt, S. (2016). Vulvodynia: Assessment and treatment. *The Journal of Sexual Medicine*, 13(4), 572–590. <https://doi.org/10.1016/j.jsxm.2016.01.020>



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