

# 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.<sup>1,2</sup>

### Domains at a glance

#### Core subscales<sup>3</sup>

Domain	What it measures
<b>Pain severity</b>	Intensity, unpleasantness, distress
<b>Emotional response</b>	Anxiety, frustration
<b>Cognitive response</b>	Worry, catastrophic thinking
<b>Life interference</b>	Work, sleep, daily activity
<b>Sexual function interference</b>	Desire, pleasure, orgasm
<b>Self stimulation and penetration interference</b>	Tampon use, masturbation, self penetration.

#### Supplemental subscales<sup>3</sup>

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

### Scoring

- Items are rated 0 to 4; compute the mean per subscale.<sup>1</sup>
- Behaviour item "I avoid because of pain" is always scored.<sup>4</sup>
- Code N/A as 0 for applicable subscales, except Pain Severity. Do not use N/A to inflate improvement.<sup>1,2</sup>
- Cognitive and Emotional subscales can be combined as Psychological Distress when a composite is clinically helpful.<sup>2</sup>

**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.<sup>2</sup>



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## When to administer and for whom

**Who.** Adults with chronic vulvar pain, including suspected vulvodynia, **provoked vestibulodynia**, or mixed presentations.<sup>3</sup>

**How.** At baseline, then every 4 to 8 weeks during active treatment.<sup>3</sup>

**When.** Self-report before the visit or on paper/tablet in the waiting room. Provide a vulvar anatomy diagram for location questions. Clarify the time frames in each section.

## Which version to use

- Full VPAQ has 63 items. Use at baseline when time allows, or when a comprehensive profile is needed.<sup>2</sup>
- Screening VPAQ has 38 items. Use when time is limited, for intake in busy settings, or for follow up monitoring.<sup>2</sup>

## Interventions based on subscale pattern

Use the subscale means to identify the main drivers of pain and interference with daily life, then match them to targeted actions.

Start with the highest scores that align with patient priorities. Choose one or two interventions for the next 4 to 8 weeks, set one clear goal, and plan reassessment in 4 to 8 weeks. Re-administer the same version to track change. Adjust the plan based on scores and patient feedback.

PATTERN	CLINICAL FOCUS
<b>High Pain Severity</b>	<ul style="list-style-type: none"><li>• Multimodal analgesia</li><li>• Screen for neuropathic features with the pain</li><li>• Consider topical therapies</li><li>• Pelvic floor physical therapy</li></ul>
<b>High Psychological Distress</b>	<ul style="list-style-type: none"><li>• Psychoeducation</li><li>• CBT for pain</li><li>• Mindfulness</li><li>• Psychologist or sex therapist referral</li></ul>
<b>High Sexual Function Interference</b>	<ul style="list-style-type: none"><li>• Sexual counseling and education on pain-free sexual activity</li><li>• Couples-based interventions if applicable</li><li>• Consider gynaecology or sexual medicine referral</li></ul>
<b>High Self Stimulation and Penetration Interference</b>	<ul style="list-style-type: none"><li>• Pelvic floor physiotherapy.</li><li>• Review lubricant selection</li><li>• A graded exposure plan with dilators and relaxation training</li></ul>
<b>Partner Factors</b>	<ul style="list-style-type: none"><li>• Couples-based sex therapy when communication is low.</li></ul>
<b>High Life Interference</b>	<ul style="list-style-type: none"><li>• Set functional goals</li><li>• Sleep support</li><li>• Workplace accommodations</li></ul>
<b>Coping Strategies</b>	<ul style="list-style-type: none"><li>• Encourage problem-solving</li><li>• Address unhelpful, avoidance patterns</li></ul>



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## Workflow in clinic

- **Before the visit.** Send the VPAQ link with a short note on the goal of the tool and confidentiality. Choose Full or Screening and add supplements if indicated.
- **During the visit.** Scan the subscale means first. Flag any extreme items for discussion, for example “I avoid because of pain.”
- **After the visit.** Record baseline subscale. Set one or two measurable goals per elevated domain.
- **Follow up.** Re-administer the same version and subscales, chart change and adjust the plan.

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

## 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., 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>



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