

**Therapies for Women with Chronic Pelvic Pain
Abstract Review Form**

First Author, Year: _____ Reference # _____ Abstractor Initials: ____ _

Primary Inclusion/Exclusion Criteria			
1. Original research (exclude editorials, commentaries, letters, etc)	Yes	No	Cannot Determine
2. Study includes (check applicable):			
<ul style="list-style-type: none"> - Women: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Cannot Determine - ≥ 18 years of age <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Cannot Determine - with CPP (excluding cyclic pain associated with menstruation) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Cannot Determine 	Yes	No	---
If combination of "Yes" or "Cannot Determine" selected, indicate Yes in final criteria box; if any "no" selected, indicate No			
3. Eligible study size (N≥ 50 women with CPP) N= _____	Yes	No	Cannot Determine
4. Addresses <i>either</i> :			
<p><input type="checkbox"/> a. CPP in women AND one of the following co-morbidities (circle applicable): depression, anxiety, fibromyalgia, temporomandibular joint pain disorder, IBS, IC/PBS, complex regional pain syndrome, vulvodynia, functional abdominal pain syndrome, low back pain, headache, sexual dysfunction</p> <p style="text-align: center; margin: 10px 0;">OR</p> <p><input type="checkbox"/> b. Surgical or non-surgical therapies for women with CPP</p>	Yes	No	Cannot Determine

Retain for: _____ **BACKGROUND/DISCUSSION** _____ **REVIEW OF REFERENCES** _____ **Other**

Reason for Other: _____