



## AUSTRALIAN PELVIC FLOOR QUESTIONNAIRE

PATIENT'S NAME:

DATE OF BIRTH:

DATE COMPLETED:

Please circle your most applicable answer. Consider your experience during the last month.

### BLADDER FUNCTION

( \_\_\_\_ / 45)

<p><b>Q1. How many times do you pass urine in a day?</b></p> <ol style="list-style-type: none"><li>0. Up to 7</li><li>1. Between 8-10</li><li>2. Between 11-15</li><li>3. More than 15</li></ol>	<p><b>Q2. How many times do you get up at night to pass urine?</b></p> <ol style="list-style-type: none"><li>0. 0-1</li><li>1. 2</li><li>2. 3</li><li>3. More than 3 times</li></ol>
<p><b>Q3. Do you wet the bed before you wake up at night?</b></p> <ol style="list-style-type: none"><li>0. Never</li><li>1. Occasionally - less than once per week</li><li>2. Frequently - once or more per week</li><li>3. Always - every night</li></ol>	<p><b>Q4. Do you need to rush/hurry to pass urine when you get the urge?</b></p> <ol style="list-style-type: none"><li>0. Can hold on</li><li>1. Occasionally have to rush – less than once/week</li><li>2. Frequently have to rush – once or more/week</li><li>3. Daily</li></ol>
<p><b>Q5. Does urine leak when you rush or hurry to the toilet or can't you make it in time?</b></p> <ol style="list-style-type: none"><li>0. Not at all</li><li>1. Occasionally – less than once per week</li><li>2. Frequently – once or more per week</li><li>3. Daily</li></ol>	<p><b>Q6. Do you leak with coughing, sneezing, laughing or exercising?</b></p> <ol style="list-style-type: none"><li>0. Not at all</li><li>1. Occasionally – less than once per week</li><li>2. Frequently – once or more per week</li><li>3. Daily</li></ol>
<p><b>Q7. Is your urinary stream (urine flow) weak, prolonged or slow?</b></p> <ol style="list-style-type: none"><li>0. Not at all</li><li>1. Occasionally – less than once per week</li><li>2. Frequently – once or more per week</li><li>3. Daily</li></ol>	<p><b>Q8. Do you have a feeling of incomplete bladder emptying?</b></p> <ol style="list-style-type: none"><li>0. Not at all</li><li>1. Occasionally – less than once per week</li><li>2. Frequently – once or more per week</li><li>3. Daily</li></ol>
<p><b>Q9. Do you need to strain to empty your bladder?</b></p> <ol style="list-style-type: none"><li>0. Never</li><li>1. Occasionally – less than once per week</li><li>2. Frequently – once or more per week</li><li>3. Daily</li></ol>	<p><b>Q10. Do you have to wear pads because of urinary leakage?</b></p> <ol style="list-style-type: none"><li>0. None - Never</li><li>1. As a precaution</li><li>2. When exercising / during a cold</li><li>3. Daily</li></ol>

<p><b>Q11. Do you limit your fluid intake to decrease urinary leakage?</b></p> <p>0. Never 1. Before going out 2. Moderately 3. Always</p>	<p><b>Q12. Do you have frequent bladder infections?</b></p> <p>0. No 1. 1-3 per year 2. 4-12 per year 3. More than one per month</p>
<p><b>Q13. Do you have pain in your bladder or urethra when you empty your bladder?</b></p> <p>0. Never 1. Occasionally – less than once per week 2. Frequently – once or more per week 3. Daily</p>	<p><b>Q14. Does urine leakage affect your routine activities like recreation, socializing, sleeping, shopping etc?</b></p> <p>0. Not at all 1. Slightly 2. Moderately 3. Greatly</p>
<p><b>Q15. How much does your bladder problem bother you?</b></p> <p>0. Not at all 1. Slightly 2. Moderately 3. Greatly</p>	
<p><b>Other symptoms (haematuria, pain etc.)</b></p>	

## BOWEL FUNCTION

( \_\_\_\_ / 34)

<p><b>Q16. How often do you usually open your bowels?</b></p> <p>0. Ever other day or daily 1. Less than every 3 days 2. Less than once a week 3. More than once per day</p>	<p><b>Q17. How is the consistency of your usual stool?</b></p> <p>0. Soft 0. Firm 0. Hard (pebbles) 1. Variable 2. Watery</p>
<p><b>Q18. Do you have to strain to empty your bowels?</b></p> <p>0. Never 1. Occasionally – less than once per week 2. Frequently – once or more per week 3. Daily</p>	<p><b>Q19. Do you use laxatives to empty your bowels?</b></p> <p>0. Never 1. Occasionally – less than once per week 2. Frequently – once or more per week 3. Daily</p>
<p><b>Q20. Do you feel constipated?</b></p> <p>0. Never 1. Occasionally – less than once per week 2. Frequently – once or more per week 3. Daily</p>	<p><b>Q21. When you get wind or flatus, can you control it, or does wind leak?</b></p> <p>0. Never 1. Occasionally – less than once per week 2. Frequently – once or more per week 3. Daily</p>
<p><b>Q22. Do you get an overwhelming sense of urgency to empty bowels?</b></p> <p>0. Never 1. Occasionally – less than once per week 2. Frequently – once or more per week 3. Daily</p>	<p><b>Q23. Do you leak watery stool when you don't mean to?</b></p> <p>0. Never 1. Occasionally – less than once per week 2. Frequently – once or more per week 3. Daily</p>

<p><b>Q23. Do you leak watery stool when you don't mean to?</b></p> <p>0. Never 1. Occasionally – less than once per week 2. Frequently – once or more per week 3. Daily</p>	<p><b>Q24. Do you leak normal stool when you don't mean to?</b></p> <p>0. Never 1. Occasionally – less than once per week 2. Frequently – once or more per week 3. Daily</p>
<p><b>Q25. Do you have a feeling of incomplete bowel emptying?</b></p> <p>0. Never 1. Occasionally – less than once per week 2. Frequently – once or more per week 3. Daily</p>	<p><b>Q26. Do you use finger pressure to help empty your bowel?</b></p> <p>0. Never 1. Occasionally – less than once per week 2. Frequently – once or more per week 3. Daily</p>
<p><b>Q27. How much does your bowel problem bother you?</b></p> <p>0. Not at all 1. Slightly 2. Moderately 3. Greatly</p>	

## PROLAPSE SYMPTOMS

( \_\_\_ / 15)

<p><b>Q28. Do you have a sensation of tissue protrusion/lump/bulging in your vagina?</b></p> <p>0. Never 1. Occasionally – less than once per week 2. Frequently – once or more per week 3. Daily</p>	<p><b>Q29. Do you experience vaginal pressure or heaviness or a dragging sensation?</b></p> <p>0. Never 1. Occasionally – less than once per week 2. Frequently – once or more per week 3. Daily</p>
<p><b>Q30. Do you have to push back your prolapse in order to void?</b></p> <p>0. Never 1. Occasionally – less than once per week 2. Frequently – once or more per week 3. Daily</p>	<p><b>Q31. Do you have to push back your prolapse to empty your bowels?</b></p> <p>0. Never 1. Occasionally – less than once per week 2. Frequently – once or more per week 3. Daily</p>
<p><b>Q32. How much does your prolapse bother you?</b></p> <p>0. Not at all 1. Slightly 2. Moderately 3. Greatly</p>	<p><b>Other Symptoms:</b> (problems: walking / sitting, pain, vaginal bleeding)</p>

## SEXUAL FUNCTION

( \_\_\_ / 21)

<p><b>Q33. Are you sexually active?</b></p> <p><input type="radio"/> No <input type="radio"/> Less than once per week <input type="radio"/> Once or more per week <input type="radio"/> Daily or most days</p> <p><i>If you are not sexually active, please continue to answer questions 34 &amp; 42.</i></p>	<p><b>Q34. If you are not sexually active, please tell us why?</b></p> <p><input type="radio"/> Do not have a partner <input type="radio"/> I am not interested <input type="radio"/> My partner is unable <input type="radio"/> Vaginal dryness <input type="radio"/> Too painful <input type="radio"/> Embarrassment due to the prolapse / incontinence</p> <p><input type="radio"/> Other reason: _____</p>
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<p><b>Q35. Do you have sufficient vaginal lubrication during intercourse?</b></p> <p>0. Yes 1. No</p>	<p><b>Q36. During intercourse vaginal sensation is:</b></p> <p>0. Normal / pleasant 1. Minimal 2. Painful 3. None</p>
<p><b>Q37. Do you feel that your vagina is too loose or lax?</b></p> <p>0. Never 1. Occasionally – less than once per week 2. Frequently – once or more per week 3. Daily</p>	<p><b>Q38. Do you feel that your vagina is too tight?</b></p> <p>0. Never 1. Occasionally – less than once per week 2. Frequently – once or more per week 3. Daily</p>
<p><b>Q39. Do you experience pain with sexual intercourse?</b></p> <p>0. Never 1. Occasionally 2. Frequently 3. Always</p>	<p><b>Q40. Where does the pain during intercourse occur?</b></p> <p>0. Not applicable, I do not have pain 1. At the entrance to the vagina 2. Deep inside, in the pelvis 3. Both at the entrance &amp; in the pelvis</p>
<p><b>Q41. Do you leak urine during sexual intercourse?</b></p> <p>0. Never 1. Occasionally 2. Frequently 3. Always</p>	<p><b>Q42. How much do these sexual issues bother you?</b></p> <p><input type="radio"/> Not applicable 0. Not at all 1. Slightly 2. Moderately 3. Greatly</p>
<p><b>Q43. Other symptoms? (faecal incontinence, vaginismus etc)</b></p>	