



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>Q1. How many times do you pass urine in a day?</p> <ol style="list-style-type: none">0. Up to 71. Between 8-102. Between 11-153. More than 15	<p>Q2. How many times do you get up at night to pass urine?</p> <ol style="list-style-type: none">0. 0-11. 22. 33. More than 3 times
<p>Q3. Do you wet the bed before you wake up at night?</p> <ol style="list-style-type: none">0. Never1. Occasionally - less than once per week2. Frequently - once or more per week3. Always - every night	<p>Q4. Do you need to rush/hurry to pass urine when you get the urge?</p> <ol style="list-style-type: none">0. Can hold on1. Occasionally have to rush – less than once/week2. Frequently have to rush – once or more/week3. Daily
<p>Q5. Does urine leak when you rush or hurry to the toilet or can't you make it in time?</p> <ol style="list-style-type: none">0. Not at all1. Occasionally – less than once per week2. Frequently – once or more per week3. Daily	<p>Q6. Do you leak with coughing, sneezing, laughing or exercising?</p> <ol style="list-style-type: none">0. Not at all1. Occasionally – less than once per week2. Frequently – once or more per week3. Daily
<p>Q7. Is your urinary stream (urine flow) weak, prolonged or slow?</p> <ol style="list-style-type: none">0. Not at all1. Occasionally – less than once per week2. Frequently – once or more per week3. Daily	<p>Q8. Do you have a feeling of incomplete bladder emptying?</p> <ol style="list-style-type: none">0. Not at all1. Occasionally – less than once per week2. Frequently – once or more per week3. Daily
<p>Q9. Do you need to strain to empty your bladder?</p> <ol style="list-style-type: none">0. Never1. Occasionally – less than once per week2. Frequently – once or more per week3. Daily	<p>Q10. Do you have to wear pads because of urinary leakage?</p> <ol style="list-style-type: none">0. None - Never1. As a precaution2. When exercising / during a cold3. Daily

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

BOWEL FUNCTION

(____ / 34)

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

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

PROLAPSE SYMPTOMS

(___ / 15)

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

SEXUAL FUNCTION

(___ / 21)

<p>Q33. Are you sexually active?</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 & 42.</i></p>	<p>Q34. If you are not sexually active, please tell us why?</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>
<p>Q35. Do you have sufficient vaginal lubrication during intercourse?</p> <p>0. Yes 1. No</p>	<p>Q36. During intercourse vaginal sensation is:</p> <p>0. Normal / pleasant 1. Minimal 2. Painful 3. None</p>

<p>Q37. Do you feel that your vagina is too loose or lax?</p> <ul style="list-style-type: none"> 0. Never 1. Occasionally 2. Frequently 3. Always 	<p>Q38. Do you feel that your vagina is too tight?</p> <ul style="list-style-type: none"> 0. Never 1. Occasionally 2. Frequently 3. Always
<p>Q39. Do you experience pain with sexual intercourse?</p> <ul style="list-style-type: none"> 0. Never 1. Occasionally 2. Frequently 3. Always 	<p>Q40. Where does the pain during intercourse occur?</p> <ul style="list-style-type: none"> 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 & in the pelvis
<p>Q41. Do you leak urine during sexual intercourse?</p> <ul style="list-style-type: none"> 0. Never 1. Occasionally 2. Frequently 3. Always 	<p>Q42. How much do these sexual issues bother you?</p> <ul style="list-style-type: none"> <input type="radio"/> Not applicable 0. Not at all 1. Slightly 2. Moderately 3. Greatly
<p>Q43. Other symptoms? (faecal incontinence, vaginismus etc)</p>	