

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)

Q1. How many times do you pass urine in a day?

- 0 Up to 7
- 1 Between 8-10
- 2 Between 11-15
- 3 More than 15

Q2. How many times do you get up at night to pass urine?

- 0 0-1
- 1 2
- 2 3
- 3 More than 3 times

Q3. Do you wet the bed before you wake up at night?

- 0 Never
- 1 Occasionally - less than once per week
- 2 Frequently - once or more per week
- 3 Always - every night

Q4. Do you need to rush/hurry to pass urine when you get the urge?

- 0 Can hold on
- 1 Occasionally have to rush – less than once/week
- 2 Frequently have to rush – once or more/week
- 3 Daily

Q5. Does urine leak when you rush or hurry to the toilet or can't you make it in time?

- 0 Not at all
- 1 Occasionally – less than once per week
- 2 Frequently – once or more per week
- 3 Daily

Q6. Do you leak with coughing, sneezing, laughing or exercising?

- 0 Not at all
- 1 Occasionally – less than once per week
- 2 Frequently – once or more per week
- 3 Daily

Q7. Is your urinary stream (urine flow) weak, prolonged or slow?

- 0 Never
- 1 Occasionally – less than once per week
- 2 Frequently – once or more per week
- 3 Daily

Q8. Do you have a feeling of incomplete bladder emptying?

- 0 Never
- 1 Occasionally – less than once per week
- 2 Frequently – once or more per week
- 3 Daily

Q9. Do you need to strain to empty your bladder?

- 0 Never
- 1 Occasionally – less than once per week
- 2 Frequently – once or more per week
- 3 Daily

Q10. Do you have to wear pads because of urinary leakage?

- 0 None - Never
- 1 As a precaution
- 2 When exercising / during a cold
- 3 Daily

Q11. Do you limit your fluid intake to decrease urinary leakage?

- 0 Never
- 1 Before going out
- 2 Moderately
- 3 Always

Q12. Do you have frequent bladder infections?

- 0 No
- 1 1-3 per year
- 2 4-12 per year
- 3 More than one per month

Q13. Do you have pain in your bladder or urethra when you empty your bladder?

- 0 Never
- 1 Occasionally – less than once per week
- 2 Frequently – once or more per week
- 3 Daily

Q14. Does urine leakage affect your routine activities like recreation, socializing, sleeping, shopping etc?

- 0 Not at all
- 1 Slightly
- 2 Moderately
- 3 Greatly

Q15. How much does your bladder problem bother you?

- 0 Not at all
- 1 Slightly
- 2 Moderately
- 3 Greatly

Other symptoms (haematuria, pain etc.)

BOWEL FUNCTION

(____ / 34)

Q16. How often do you usually open your bowels?

- 0 Ever other day or daily
- 1 Less than every 3 days
- 2 Less than once a week
- 0 More than once per day

Q17. How is the consistency of your usual stool?

- 0 Soft
- 0 Firm
- 0 Hard (pebbles)
- 1 Variable
- 2 Watery

Q18. Do you have to strain to empty your bowels?

- 0 Never
- 1 Occasionally – less than once per week
- 2 Frequently – once or more per week
- 3 Daily

Q19. Do you use laxatives to empty your bowels?

- 0 Never
- 1 Occasionally – less than once per week
- 2 Frequently – once or more per week
- 3 Daily

Q20. Do you feel constipated?

- 0 Never
- 1 Occasionally – less than once per week
- 2 Frequently – once or more per week
- 3 Daily

Q21. When you get wind or flatus, can you control it, or does wind leak?

- 0 Never
- 1 Occasionally – less than once per week
- 2 Frequently – once or more per week
- 3 Daily

AUSTRALIAN PELVIC FLOOR QUESTIONNAIRE		Patient's Name: _____ Date of Birth: _____ Date completed: _____	
Q22. Do you get an overwhelming sense of urgency to empty bowels? 0 Never 1 Occasionally – less than once per week 2 Frequently – once or more per week 3 Daily	Q23. Do you leak watery stool when you don't mean to? 0 Never 1 Occasionally – less than once per week 2 Frequently – once or more per week 3 Daily	Q24. Do you leak normal stool when you don't mean to? 0 Never 1 Occasionally – less than once per week 2 Frequently – once or more per week 3 Daily	
Q25. Do you have a feeling of incomplete bowel emptying? 0 Never 1 Occasionally – less than once per week 2 Frequently – once or more per week 3 Daily	Q26. Do you use finger pressure to help empty your bowel? 0 Never 1 Occasionally – less than once per week 2 Frequently – once or more per week 3 Daily	Q27. How much does your bowel problem bother you? 0 Not at all 1 Slightly 2 Moderately 3 Greatly	
PROLAPSE SYMPTOMS (____/15)			
Q28. Do you have a sensation of tissue protrusion/lump/bulging in your vagina? 0 Never 1 Occasionally – less than once per week 2 Frequently – once or more per week 3 Daily	Q29. Do you experience vaginal pressure or heaviness or a dragging sensation? 0 Never 1 Occasionally – less than once per week 2 Frequently – once or more per week 3 Daily	Q30. Do you have to push back your prolapse in order to void? 0 Never 1 Occasionally – less than once per week 2 Frequently – once or more per week 3 Daily	
Q31. Do you have to push back your prolapse to empty your bowels? 0 Never 1 Occasionally – less than once per week 2 Frequently – once or more per week 3 Daily	Q32. How much does your prolapse bother you? 0 Not at all 1 Slightly 2 Moderately 3 Greatly	Other Symptoms: (problems: walking / sitting, pain, vaginal bleeding) _____ _____ _____	
SEXUAL FUNCTION (____/21)			
Q33. Are you sexually active? ☐ No ☐ Less than once per week ☐ Once or more per week ☐ Daily or most days <i>If you are not sexually active, please continue to answer questions 34 & 42.</i>	Q34. If you are not sexually active, please tell us why? ☐ Do not have a partner ☐ I am not interested ☐ My partner is unable ☐ Vaginal dryness ☐ Too painful ☐ Embarrassment due to the prolapse/incontinence ☐ Other reasons: _____	Q35. Do you have sufficient vaginal lubrication during intercourse? 0 Yes 1 No	
Q36. During intercourse vaginal sensation is: 0 Normal / pleasant 1 Minimal 1 Painful 3 None	Q37. Do you feel that your vagina is too loose or lax? 0 Never 1 Occasionally 2 Frequently 3 Always	Q38. Do you feel that your vagina is too tight? 0 Never 1 Occasionally 2 Frequently 3 Always	
Q39. Do you experience pain with sexual intercourse? 0 Never 1 Occasionally 2 Frequently 3 Always	Q40. Where does the pain during intercourse occur? 0 Not applicable, I do not have pain 1 At the entrance to the vagina 1 Deep inside, in the pelvis 2 Both at the entrance & in the pelvis	Q41. Do you leak urine during sexual intercourse? 0 Never 1 Occasionally 2 Frequently 3 Always	
Q42. How much do these sexual issues bother you? ☐ Not applicable 0 Not at all 1 Slightly 2 Moderately 3 Greatly	Q43. Other symptoms? (faecal incontinence, vaginismus etc)		