

QUEENSLAND FEMALE PELVIC FLOOR QUESTIONNAIRE

PATIENT:

DATE: \

PRIMARY PROBLEM:

Duration:

SECONDARY:

Bladder section

Q 1-14

Score \_\_\_\_ / 42 = \_\_\_\_

<p><b>Urinary frequency</b> How many times do you pass urine in the day? 0 up to 7 1 between 8-10 2 between 11-15 3 more than 15</p>	<p><b>Nocturia</b> How many times do you get up at night to pass urine? 0 0-1 1 2 2 3 3 more than 3 times</p>	<p><b>Nocturnal enuresis</b> Do you wet the bed before you wake up? 0 never 1 occasionally - less than 1/week 2 frequently –once or more/week 3 always – every night</p>
<p><b>Urgency</b> Do you need to rush/hurry to pass urine when you get the urge? 0 never 1 occasionally – &lt; 1/week 2 frequently -≥ 1/week 3 daily</p>	<p><b>Urge incontinence</b> Does urine leak when you rush/hurry to the toilet/Can you make it in time? 0 never 1 occasionally – &lt; 1/week 2 frequently -≥ 1/week 3 daily</p>	<p><b>Stress incontinence</b> Do you leak with coughing, sneezing, laughing, exercising? 0 never 1 occasionally – &lt; 1/week 2 frequently -≥ 1/week 3 daily</p>
<p><b>Weak stream</b> Is your urinary stream/flow weak/prolonged/slow? 0 never 1 occasionally – &lt; 1/week 2 frequently -≥ 1/week 3 daily</p>	<p><b>Incomplete bladder emptying</b> Do you have a feeling of incomplete bladder emptying? 0 never 1 occasionally – &lt; 1/week 2 frequently -≥ 1/week 3 daily</p>	<p><b>Strain to empty</b> Do you need to strain to empty your bladder? 0 never 1 occasionally – &lt; 1/week 2 frequently -≥ 1/week 3 daily</p>
<p><b>Pad usage</b> Do you have to wear pads? 0 none - never 1 as a precaution 2 with exercise/during a cold 3 daily</p>	<p><b>Reduced fluid intake</b> Do you limit your fluid intake to decrease leakage? 0 never 1 before going out/socially 2 moderately 3 daily</p>	<p><b>Recurrent UTI</b> Do have frequent bladder infections? 0 no 1 1-3/year 2 4-12/year 3 &gt; 1/month</p>
<p><b>Dysuria</b> Do you have pain in your bladder/urethra when you empty your bladder? 0 never 1 occasionally – &lt; 1/week 2 frequently -≥ 1/week 3 daily</p>	<p><b>Impact on social life</b> Does urine leakage affect your routine activities (recreation, shopping etc.) 0 not at all 1 slightly 2 moderately 3 greatly</p>	<p><b>How much of a bother</b> is your bladder problem to you? 0 no problem 1 slightly 2 moderately 3 greatly</p>
<p><b>Other symptoms</b> (haematuria, pain etc.)</p>		

Bowel Section Q15-26

Score \_\_\_\_ / 36 = \_\_\_\_

<p><b>Defaecation frequency</b> How often do you usually open your bowels? 2 &lt; 1/week 1 &lt; every 3 days 0 &gt; 3/week or daily 0 &gt; more than 1/day</p>	<p><b>Consistency of bowel motion</b> How is the consistency of your usual stool? 0 soft 0 firm 1 hard / pebbles 2 watery 1 variable</p>	<p><b>Defaecation straining</b> Do you have to strain a lot to empty your bowels? 0 never 1 occasionally – &lt; 1/week 2 frequently -≥ 1/week 3 daily</p>
<p><b>Laxative use:</b> Do you use laxatives to empty your bowels? 0 never 1 occasionally – &lt; 1/week 2 frequently -≥ 1/week 3 daily</p>	<p><b>Do you feel constipated?</b> 0 never 1 occasionally – &lt; 1/week 2 frequently -≥ 1/week 3 daily</p>	<p><b>Flatus incontinence</b> When you get wind/flatus, can you control it or does wind leak? 0 never 1 occasionally – &lt; 1/week 2 frequently -≥ 1/week 3 daily</p>
<p><b>Faecal urgency</b> Do you get an overwhelming sense of urgency to empty bowels? 0 never 1 occasionally – &lt; 1/week 2 frequently -&gt; 1/week 3 daily</p>	<p><b>Faecal incontinence with diarrhoea</b> Do you leak watery stool when you don't mean to? 0 never 1 occasionally – &lt; 1/week 2 frequently -≥ 1/week 3 daily</p>	<p><b>Faecal inc. with normal stool</b> Do you leak normal stool when you don't mean to? 0 never 1 occasionally – &lt; 1/week 2 frequently -≥ 1/week 3 daily</p>

**QUEENSLAND FEMALE PELVIC FLOOR QUESTIONNAIRE**

<b>Incomplete bowel evacuation</b> Do you have the feeling of incomplete bowel emptying? 0 never 1 occasionally – < 1/week 2 frequently -> 1/week 3 daily	<b>Obstructed defecation</b> Do you use finger pressure to help empty your bowel? 0 never 1 occasionally – < 1/week 2 frequently -≥ 1/week 3 daily	<b>How much of a bother</b> is your bowel problem to you? 0 no problem 1 slightly 2 moderately 3 greatly
<b>Other symptoms</b> (pain, mucous discharge, rectal prolapse etc.)		

*Prolapse section*

*Q27–31*

*Score \_\_\_\_ / 15 = \_\_\_\_*

<b>Prolapse sensation</b> Do you get a sensation of tissue protrusion in your vagina/lump/bulging? 0 never 1 occasionally – < 1/week 2 frequently -≥ 1/week 3 daily	<b>Vaginal pressure or heaviness</b> Do you experience vag. pressure/ heaviness/dragging sensation? 0 never 1 occasionally – < 1/week 2 frequently -≥ 1/week 3 daily	<b>Prolapse reduction to void</b> Do you have to push back your prolapse in order to void? 0 never 1 occasionally – < 1/week 2 frequently -≥ 1/week 3 daily
<b>Prolapse reduction to defaecate</b> Do you have to push back your prolapse to empty your bowels? 0 never 1 occasionally – < 1/week 2 frequently -≥ 1/week 3 daily	<b>How much of a bother</b> is the prolapse to you? 0 no problem 1 slightly 2 moderately 3 greatly	
<b>Other symptoms</b> (problems sitting/walking, pain, vag. bleeding)		

*Sexual function Section Q 32 –*

*Score \_\_\_\_ / 19*

<b>Sexually active?</b> Are you sexually active? no < 1/week ≥ 1/week most days / daily	<b>If NOT, why not:</b> no partner partner unable vaginal dryness too painful embarrassment other <div style="display: inline-block; vertical-align: middle; margin-left: 20px;">                     Prolapse }                      Prolapse }                 </div> <b>19</b>	<b>Sufficient lubrication</b> Do you have sufficient lubrication during intercourse? 1 no 0 yes
<b>During intercourse vaginal sensation is:</b> 3 none 3 painful 1 minimal 0 normal / pleasant	<b>Vaginal laxity</b> Do you feel that your vagina is too loose or lax? 0 never 1 occasionally 2 frequently 3 always	<b>Vaginal tightness/vaginismus</b> Do you feel that your vagina is too tight? 0 never 1 occasionally 2 frequently 3 always
<b>Dyspareunia</b> Do you experience pain with intercourse: 0 never 1 occasionally 2 frequently 3 always	<b>Dyspareunia where</b> Where does the pain occur no pain at the entrance of the vagina deep inside/ in the pelvis both	<b>Coital incontinence</b> Do you leak urine during sex? 0 never 1 occasionally 2 frequently 3 always
<b>How much of a bother</b> are these sexual issues to you? Not applicable 0 no problem at all 1 slight problem 2 moderate problem 3 great problem	<b>Other symptoms</b> (coital flatus or faecal incontinence, vaginismus etc.)	

**TOTAL Pelvic floor Dysfunction SCORE: \_\_\_\_\_**