

# 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.)

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## 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

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**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

*If you are not sexually active, please continue to answer questions 34 & 42.*

**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)