The Australian Pelvic Floor Questionnaire

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

Name: _________________________

DOB: _________________________

Bladder function

1) How many times do you pass urine in the day?
   0 Never
   1 Occasionally – less than once per week
   2 Frequently – more than once per week
   3 Daily

2) How many times do you get up at night to pass urine?
   0 Never
   1 Once
   2 Twice
   3 More than three times

3) 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 than per week
   3 Always – every night

4) Do you need to rush or hurry to pass urine when you get the urge?
   0 Never – can hold on
   1 Occasionally - less than once per week
   2 Frequently – more than once per week
   3 Daily

5) Does urine leak when you rush or hurry to the toilet. Can you make it in time?
   0 Never
   1 Occasionally – less than once per week
   2 Frequently – more than once per week
   3 Daily

6) Do you leak with coughing, sneezing, laughing or exercising?
   0 Never
   1 Occasionally – less than once per week
   2 Frequently – more than once per week
   3 Daily

7) Is your urinary stream (urine flow) weak, prolonged or slow?
   0 Never
   1 Occasionally – less than once per week
   2 Frequently – more than once per week
   3 Daily

8) Do you have a feeling of incomplete bladder emptying?
   0 Never
   1 Occasionally – less than once per week
   2 Frequently – more than once per week
   3 Daily

9) Do you need to strain to empty your bladder?
   0 Never
   1 Occasionally – less than once per week
   2 Frequently – more than once per week
   3 Daily

10) Do you have to wear pads because of urinary leakage?
    0 None - never
    1 As a precaution
    2 With exercise/during a cold
    3 Daily

11) Do you limit your fluid intake to decrease leakage?
    0 Never
    1 Before going out/socially
    2 Moderately
    3 Daily

12) Do you have frequent bladder infections?
    0 No
    1 1 – 3 per year
    2 4 – 12 per year
    3 More than once per month

13) 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 – more than once per week
    3 Daily

14) Does urine leakage affect your daily routine activities like recreation, socialising, sleeping, shopping etc?
    0 Not at all
    1 Slightly
    2 Moderately
    3 Greatly

15) How much does your bladder problem bother you?
    0 Not at all
    1 Slightly
    2 Moderately
    3 Greatly

Other symptoms?
Problems sitting/walking, pain, vaginal bleeding etc.

Score Q1-15 /45 =

Bowel function

16) How often do you usually open your bowels?
    0 Every other day or daily
    1 Less than every 3 days
    2 Less than once a week
    3 More than once a day

17) How is the consistency of your usual stool?
    0 Soft
    1 Firm
    2 Watery
    3 Variable

18) Do you have to strain a lot to empty your bowels?
    0 Never
    1 Occasionally – less than once per week
    2 Frequently – more than once per week
    3 Daily

19) Do you use laxatives to empty your bowels?
    0 Never
    1 Occasionally – less than once per week
    2 Frequently – more than once per week
    3 Daily

20) Do you feel constipated?
    0 Never
    1 Occasionally – less than once per week
    2 Frequently – more than once per week
    3 Daily

21) 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 – more than once per week
    3 Daily

22) Do you get an overwhelming sense of urgency to empty bowels?
    0 Never
    1 Occasionally – less than once per week
    2 Frequently – more than once per week
    3 Daily

23) Do you leak watery stool when you don’t mean too?
    0 Never
    1 Occasionally – less than once per week
    2 Frequently – more than once per week
    3 Daily
24) Do you leak normal stool when you don’t mean to?  
(0) Never  
(1) Occasionally – less than once per week  
(2) Frequently – more than once per week  
(3) Daily

25) Do you have a feeling of incomplete bowel emptying?  
(0) Never  
(1) Occasionally – less than once per week  
(2) Frequently – more than once per week  
(3) Daily

26) Do you ever use finger pressure to help empty your bowel?  
(0) Never  
(1) Occasionally – less than once per week  
(2) Frequently – more than once per week  
(3) Daily

27) How much does your bowel problem bother you?  
(0) Not at all  
(1) Slightly  
(2) Moderately  
(3) Greatly

Other symptoms?  
(Pain, mucous discharge, rectal prolapse etc.)

<table>
<thead>
<tr>
<th>Prolapse symptoms</th>
<th>Sexual function</th>
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| 28) Do you have a sensation of tissue protrusion or a lump or bulging in your vagina?  
(0) Never  
(1) Occasionally – less than once per week  
(2) Frequently – more than once per week  
(3) Daily |
| 29) Do you experience vaginal pressure or heaviness or a dragging sensation?  
(0) Never  
(1) Occasionally – less than once per week  
(2) Frequently – more than once per week  
(3) Daily |
| 30) Do you have to push back your prolapse in order to void?  
(0) Never  
(1) Occasionally – less than once per week  
(2) Frequently – more than once per week  
(3) Daily |
| 31) Do you have to push back your prolapse to empty your bowels?  
(0) Never  
(1) Occasionally – less than once per week  
(2) Frequently – more than once per week  
(3) Daily |
| 32) How much of a bother is the prolapse to you?  
(0) Not at all  
(1) Slightly  
(2) Moderately  
(3) Greatly |

Other symptoms?  
(Problems sitting/walking, pain, vaginal bleeding)

| Sexual function | Other symptoms?  
|-----------------|-----------------|
| 33) Are you sexually active?  
(No scoring of this question)  
(0) No  
(1) Less than once per week  
(2) More than once per week  
(3) Daily or most days |
| 34) If you are not sexually active, please tell us why.  
(No scoring of this question)  
(0) Do not have a partner  
(1) My partner is unable  
(2) Vaginal Dryness  
(3) Too Painful  
(4) Embarrassment due to the prolapse or incontinence  
(5) Other reasons |
| 35) Do you have sufficient natural vaginal lubrication during intercourse?  
(0) Yes  
(1) No |
| 36) During sexual intercourse, vaginal sensation is:  
(0) Normal / pleasant  
(1) Minimal  
(2) Painful  
(3) None |
| 37) Do you feel that your vagina is too loose or lax?  
(0) Never  
(1) Occasionally  
(2) Frequently  
(3) Always |
| 38) Do you feel that your vagina is too tight?  
(0) Never  
(1) Occasionally  
(2) Frequently  
(3) Always |
| 39) Do you experience pain with sexual intercourse?  
(0) Never |

Score Q 33-41 /21 =

Name: ____________________________

Signature: ________________________

Date: ____________________________

References: