

AUSTRALIAN PELVIC FLOOR QUESTIONNAIRE

PATIENT:

DATE: \

PRIMARY PROBLEM:

Duration:

SECONDARY:

Bladder section

Q 1-14

Score ____ / 42 = ____

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

Bowel Section Q15-26

Score ____ / 36 = ____

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

AUSTRALIAN PELVIC FLOOR QUESTIONNAIRE

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

Prolapse section

Q27–31

Score ____ / 15 = ____

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

Sexual function Section Q 32 –

Score ____ / 19

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

TOTAL Pelvic floor Dysfunction SCORE: _____