

PELVIC FLOOR QUESTIONNAIRE

PATIENT:

DATE: \

PRIMARY PROBLEM:

Duration:

SECONDARY:

Bladder section Q 1-14

Score ___ / 42 = ___

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

Bowel Section Q15-26

Score ___ / 36 = ___

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	Consistency of bowel motion How is the consistency of your usual stool? 0 soft 0 firm 1 hard / pebbles 2 watery 1 variable	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
Laxative use: Do you use laxatives to empty your bowels? 0 never 1 occasionally - < 1/week 2 frequently - ≥ 1/week 3 daily	Do you feel constipated? 0 never 1 occasionally - < 1/week 2 frequently - ≥ 1/week 3 daily	Flatus incontinence When you get wind/farts, can you control it or does wind leak? 0 never 1 occasionally - < 1/week 2 frequently - ≥ 1/week 3 daily
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	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	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