

Female Pelvic Floor Questionnaire

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PATIENT: _____

DATE: _____

PRIMARY PROBLEM: _____

Duration: _____

SECONDARY: _____

Bladder Section

<p>1. Urinary frequency How many times do you pass urine in the day?</p> <p>0 up to 7 1 between 8 – 10 2 between 11 – 15 3 more than 15</p>	<p>2. Nocturia How many times do you get up at night to pass urine?</p> <p>0 0-1 1 2 2 3 3 more than 3 times</p>	<p>3. Nocturnal Enuresis Do you wet the bed before you wake up?</p> <p>0 never 1 occasionally – less than 1/week 2 frequently–once or more/week 3 always – every night</p>
<p>4. Urgency Do you need to rush/ hurry to pass urine when you get the urge?</p> <p>0 never 1 occasionally - < 1/week 2 frequently - ≥ 1/week 3 daily</p>	<p>5. Urge Incontinence Does urine leak when you rush/ hurry to the toilet? Can you make it on time?</p> <p>0 never 1 occasionally - < 1/week 2 frequently - ≥ 1/week 3 daily</p>	<p>6. Stress Incontinence Do you leak with coughing, sneezing, laughing or exercising?</p> <p>0 never 1 occasionally - < 1/week 2 frequently - ≥ 1/week 3 daily</p>
<p>7. Weak stream Is your urinary stream/flow weak/ prolonged/ slow?</p> <p>0 never 1 occasionally - < 1/week 2 frequently - ≥ 1/week 3 daily</p>	<p>8. Incomplete Bladder Emptying Do you have a feeling of incomplete bladder emptying?</p> <p>0 never 1 occasionally - < 1/week 2 frequently - ≥ 1/week 3 daily</p>	<p>9. Strain to empty Do you need to strain to empty your bladder?</p> <p>0 never 1 occasionally - < 1/week 2 frequently - ≥ 1/week 3 daily</p>
<p>10. Pad usage Do you have to wear pads?</p> <p>0 never 1 as a precaution 2 with exercise/ during a cold 3 daily</p> <p>\$ spent per month _____</p>	<p>11. Reduced fluid intake Do you limit your fluid intake to decrease leakage?</p> <p>0 never 1 before going out/socially 2 moderately 3 daily</p>	<p>12. Recurrent UTI Do you have frequent bladder infections?</p> <p>0 no 1 1-3/ year 2 4-12/year 3 > 1/month</p>
<p>13. Dysuria Do you have pain in your bladder/ urethra when you empty your bladder?</p> <p>0 never 1 occasionally - < 1/week 2 frequently - ≥ 1/week 3 daily</p>	<p>14. Impact on social life Does urine leakage affect your routine activities (recreation, shopping etc)?</p> <p>0 not at all 1 slightly 2 moderately 3 greatly</p>	<p>15. How much of a bother Is your bladder problem to you?</p> <p>0 no problem 1 slightly 2 moderately 3 greatly</p>
<p>16. Other symptoms (haematuria, pain etc)</p>		

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Prolapse Section

<p>17. Prolapse Sensation Do you get a sensation of tissue protrusion in your vagina/lump/bulging?</p> <p>0 never 1 occasionally - < 1/week 2 frequently - ≥ 1/week 3 daily</p>	<p>18. Vaginal pressure or heaviness Do you experience vaginal pressure/heaviness/ dragging sensation?</p> <p>0 never 1 occasionally - < 1/week 2 frequently - ≥ 1/week 3 daily</p>	<p>19. Prolapse reduction to void Do you have to push back your prolapse in order to void?</p> <p>0 never 1 occasionally - < 1/week 2 frequently - ≥ 1/week 3 daily</p>
<p>20. Prolapse reduction to defaecate Do you have to push back your prolapse to empty your bowels?</p> <p>0 never 1 occasionally - < 1/week 2 frequently - ≥ 1/week 3 daily</p>	<p>21. How much of bother Is the prolapse to you?</p> <p>0 no problem 1 slightly 2 moderately 3 greatly</p>	
<p>22. Other symptoms (Problems sitting/ walking, pain, vaginal bleeding)</p>		

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Bowel section

<p>23. Defaecation frequency How often do you usually open your bowels?</p> <p>0 <1/week 1 every 3 days 2 > 3/ week or daily 3 more than 1/ day</p>	<p>24. Consistency of bowel motion How is the consistency of your usual stool?</p> <p>0 Soft 1 Firm 2 Hard/ pebbles 3 Watery 4. Variable</p>	<p>25. Defaecation straining Do you have to strain a lot to empty your bowels?</p> <p>0 never 1 occasionally – less than 1/week 2 frequently – > 1/week 3 daily</p>
<p>26. Laxative Use: Do you use laxatives to empty your bowels?</p> <p>0 never 1 occasionally - < 1/week 2 frequently - ≥ 1/week 3 daily</p>	<p>27. Do you feel constipated?</p> <p>0 never 1 occasionally - < 1/week 2 frequently - ≥ 1/week 3 daily</p>	<p>28. Flatus Incontinence When you get wind/ flatus, can you control it or does wind leak?</p> <p>0 never 1 occasionally - < 1/week 2 frequently - ≥ 1/week 3 daily</p>
<p>29. Faecal urgency Do you get an overwhelming sense of urgency to empty bowels?</p> <p>0 never 1 occasionally - < 1/week 2 frequently - ≥ 1/week 3 daily</p>	<p>30. Faecal incontinence with diarrhea Do you leak watery stool when you don't mean to?</p> <p>0 never 1 occasionally - < 1/week 2 frequently - ≥ 1/week 3 daily</p>	<p>31. Faecal incontinence with normal stool Do you leak normal stool when you don't mean to?</p> <p>0 never 1 occasionally - < 1/week 2 frequently - ≥ 1/week 3 daily</p>
<p>32. Incomplete bowel evacuation Do you have the feeling of incomplete bowel emptying?</p> <p>0 never 1 occasionally - < 1/week 2 frequently - ≥ 1/week 3 daily</p>	<p>33. Obstructed defaecation Do you use finger pressure to help empty your bowel?</p> <p>0 never 1 occasionally - < 1/week 2 frequently - ≥ 1/week 3 daily</p>	<p>34. How much of a bother Is your bowel a problem to you</p> <p>0 no problem 1 slightly 2 moderately 3 greatly</p>
<p>35. Other symptoms (pain, mucous discharge, rectal prolapse etc).</p>		

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Sexual Function Section

<p>36. Sexually active? Are you sexually active</p> <p>0 No 1 < 1/week 2 > 1/week 3 Most days/ daily</p>	<p>37. If not, why not:?</p> <p>0 No partner 1 Partner unable 2 Vaginal dryness 3. Too painful 4 Embarrassment 5. Prolapse 6. Other</p>	<p>38. Sufficient lubrication Do you have sufficient lubrication during intercourse?</p> <p>1. yes 2. no</p>
<p>39. During intercourse, vaginal sensation is:</p> <p>0 none 1 painful 2 minimal 3 normal/ pleasant</p>	<p>40. Vaginal laxity Do you feel that your vagina is too loose or lax?</p> <p>0 never 1 occasionally - < 1/week 2 frequently > 1/week 3 daily</p>	<p>41. Vaginal tightness/ vaginismus Do you feel that your vagina is too tight?</p> <p>0 never 1 occasionally - 2 frequently 3 always</p>
<p>42. Dyspareunia Do you every experience pain with intercourse?</p> <p>0 never 1 occasionally - 2 frequently 3 always</p>	<p>43. Dyspareunia where Where does the pain occur?</p> <p>1 No pain 2 At the entrance of the vagina 3. Deep inside/ in the pelvis 4. Both</p>	<p>44. Coital incontinence Do you leak urine at sex?</p> <p>0 never 1 occasionally - 2 frequently 3 always</p>
<p>45. How much of a bother Are these sexual issues to you?</p> <p>1. not applicable 2. no problem at all 3. slight problem 4. moderate problem 5. great problem</p>	<p>Other symptoms (coital flatus or faecal incontinence, vaginismus etc).</p>	