

# 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 up to 7
  - 1 between 8-10
  - 2 between 11-15
  - 3 more than 15
- 2) How many times do you get up at night to pass urine?
- 0 0 - 1
  - 1 2 times
  - 2 3 times
  - 3 More than 3 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 Hard / pebbles
  - 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 too?

- 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.)

Score Q16-27

/34 =

## Prolapse symptoms

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
- 0 Not applicable

### Other symptoms?

(Problems sitting/walking, pain, vaginal bleeding)

Score Q 28-32

/15 =

## Sexual function

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

If you are not sexually active, please answer questions 34 and 42 only.

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

- 1 Occasionally
- 2 Frequently
- 3 Always

40) Where does the pain occur during sexual intercourse?

- 0 No Pain
- 1 At the entrance to the vagina
- 2 Deep inside / in the pelvis
- 3 Both at the entrance and in the pelvis

41) Do you leak urine during sexual intercourse?

- 0 Never
- 1 Occasionally
- 2 Frequently
- 3 Always

42) How much do these sexual issues bother you?

- 0 Not at all
- 1 Slightly
- 2 Moderately
- 3 Greatly
- 0 Not Applicable

### Other symptoms?

(Coital Flatus or faecal incontinence, vaginismus, etc)

Score Q 33-41

/21 =

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### References:

<sup>1</sup> Baessler, Kaven, O'Neill, Sheila, Maher, Christopher, & Battistutta, Diana (2010) A validated self-administered female pelvic floor questionnaire. *International Urogynecology Journal*, 21(2), pp. 163-172.

<sup>2</sup> Baessler, Kaven, O'Neill, Sheila, Maher, Christopher, & Battistutta, Diana (2009) Australian pelvic floor questionnaire: a validated interviewer-administered pelvic floor questionnaire for routine clinic and research. *International Urogynecology Journal*, 20(2), pp. 149-158.