

Pelvic Floor Questionnaire

Name _____ Date _____

Primary problem _____ Duration _____

Secondary problem _____

Bladder section

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 often 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: 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>

Other symptoms (haematuria, pain, etc) _____

Bowel section

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 w/ diarrhea 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>
<p>Incomplete bowel evacuation Do have the feeling of incomplete bowel emptying? 0: never 1: occasionally, < 1/week 2: frequently, > 1/week 3: daily</p>	<p>Obstructed defecation Do you use finger pressure to help empty your bowel? 0: never 1: occasionally, < 1/week 2: frequently, > 1/week 3: daily</p>	<p>How much of a bother is your bowel problem to you? 0: no problem 1: slightly 2: moderately 3: greatly</p>

Other problems (pain, mucous discharge, rectal prolapse, etc) _____

Prolapse section

Score ____/15

<p>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</p>	<p>Vaginal pressure or heaviness Do you experience vag. pressure/ heaviness/ dragging sensation? 0: never 1: occasionally, < 1/week 2: frequently, > 1/week 3: daily</p>	<p>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</p>
<p>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</p>	<p>How much of a bother is the prolapse to you? 0: no problem 1: slightly 2: moderately 3: greatly</p>	

Other problems (problems sitting/walking, pain, vaginal bleeding) _____

Sexual function section

Score _____/19

<p>Sexually active? no < 1/week > 1/week most days / daily</p>	<p>If NOT, why not: no partner partner unable vaginal dryness too painful embarrassment other</p>	<p>Sufficient lubrication Do you have sufficient lubrication during intercourse? 1: no 0: yes</p>
<p>During intercourse vaginal sensation is... 3: none 3: painful 1: minimal 0: normal / pleasant</p>	<p>Vaginal laxity Do you feel that your vagina is too loose or lax? 0: never 1: occasionally 2: frequently 3: always</p>	<p>Vaginal tightness/vaginismus Do you feel that your vagina is too tight? 0: never 1: occasionally 2: frequently 3: always</p>
<p>Dyspareunia Do you experience pain with intercourse: 0: never 1: occasionally 2: frequently 3: always</p>	<p>Dyspareunia location Where does the pain occur? no pain at the entrance of the vagina deep inside/ in the pelvis both</p>	<p>Coital incontinence Do you leak urine during sex? 0: never 1: occasionally 2: frequently 3: always</p>
<p>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</p>		

Other problems (coital flatus, faecal incontinence, etc) _____

Total Pelvic Floor Dysfunction Score _____/112