

# THE AUSTRALIAN PELVIC FLOOR QUESTIONNAIRE

**Please circle your most applicable answer.  
Consider your experiences during the last month.**

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  
2 3  
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 per week)  
3 always (every night)
4. Do you need to rush or hurry to pass urine when you get the urge?  
0 can hold on  
1 occasionally have to rush (less than once a week)  
2 frequently have to rush (once or more per week)  
3 daily
5. Does urine leak when you rush or hurry to the toilet or can't get there in time?  
0 not at all  
1 occasionally (less than once per week)  
2 frequently (once or more per week)  
3 daily
6. Do you leak urine when coughing, sneezing, laughing or exercising?  
0 not at all  
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 (once or more 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 (once or more 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 (once or more per week)  
3 daily
10. Do you have to wear pads because of urinary leakage?  
0 no – never  
1 as a precaution  
2 when exercising / during a cold  
3 daily

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

Date of Birth: \_\_\_\_\_

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

11. Do you limit your fluid intake to decrease urinary leakage?  
0 never  
1 before going out  
2 moderately  
3 always
  12. Do you have frequent bladder infections?  
0 no  
1 1 – 3 per year  
2 4 – 12 per year  
3 more than one 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 (once or more per week)  
3 daily
  14. Does the urine leakage affect your routine activities like recreation, socializing, 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
- \_\_\_\_\_/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  
0 more than once a day
17. How is the consistency of your usual stool?  
0 soft      0 firm      0 hard (pebbles)  
2 watery                      1 variable
18. Do you have to strain a lot to empty your bowels?  
0 never  
1 occasionally (less than once per week)  
2 frequently (once or more per week)  
3 daily
19. Do you use laxatives to empty your bowels?  
0 never  
1 occasionally (less than once per week)  
2 frequently (once or more per week)  
3 daily
20. Do you feel constipated?  
0 never  
1 occasionally (less than once per week)  
2 frequently (once or more 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 (once or more per week)  
 3 daily
22. Do you get an overwhelming urgency to empty your bowels?  
 0 never  
 1 occasionally (less than once per week)  
 2 frequently (once or more per week)  
 3 daily
23. Do you leak watery stool when you don't mean to?  
 0 never  
 1 occasionally (less than once per week)  
 2 frequently (once or more per week)  
 3 daily
24. Do you leak normal stool when you don't mean to?  
 0 never  
 1 occasionally (less than once per week)  
 2 frequently (once or more 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 (once or more per week)  
 3 daily
26. Do you have to use finger pressure to help empty your bowels?  
 0 never  
 1 occasionally (less than once per week)  
 2 frequently (once or more per week)  
 3 daily
27. How much does your bowel problem bother you?  
 0 not at all  
 1 slightly  
 2 moderately  
 3 greatly \_\_\_\_\_/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 (once or more per week)  
 3 daily
29. Do you experience vaginal pressure or heaviness or a dragging?  
 0 never  
 1 occasionally (less than once per week)  
 2 frequently (once or more 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 (once or more per week)  
 3 daily
31. Do you have to push back your prolapse in order to empty your bowels?  
 0 never  
 1 occasionally (less than once per week)  
 2 frequently (once or more per week)  
 3 daily

Total Score \_\_\_\_\_/40

32. How much does your prolapse bother you?  
 0 not at all  
 1 slightly  
 2 moderately  
 3 greatly \_\_\_\_\_/15

**Sexual Function:**

33. Are you sexually active?  
 If you are not sexually active, please continue to answer questions 34 and 42 only
- No
  - Less than once a week
  - Once or more per week
  - Daily or most days
34. If you are not sexually active, please tell us why (*no scoring of this question*)
- do not have a partner
  - I am not interested
  - my partner is unable
  - vaginal dryness \_\_\_\_\_ )
  - too painful \_\_\_\_\_ ) 18
  - embarrassment due to the prolapse or incontinence
  - other reasons: \_\_\_\_\_
35. Do you have sufficient natural vaginal lubrication during intercourse?  
 0 yes  
 1 no
36. During intercourse vaginal sensation is:  
 0 normal / pleasant  
 1 minimal  
 1 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 during intercourse occur?  
 0 not applicable, I do not have pain  
 1 at the entrance to the vagina  
 1 deep inside, in the pelvis  
 2 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 applicable, I do not have a problem  
 0 not at all  
 1 slightly  
 2 moderately  
 3 greatly \_\_\_\_\_/21