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 to 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

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

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 firm
    2 hard (pebbles)
    3 watery

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

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

32 How much does your prolapse bother you?
0 not at all
1 slightly
2 moderately
3 greatly

Sexual Function:
33 Are you sexually active?
If you are not sexually active, please continue to answer questions 34 and 42 only
0 No
1 Less than once a week
2 Once or more per week
3 Daily or most days

34 If you are not sexually active, please tell us why (no scoring of this question)
0 do not have a partner
1 I am not interested
2 my partner is unable
3 vaginal dryness
4 too painful
5 embarrassment due to the prolapse or incontinence
6 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
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 during intercourse occur?
0 not applicable, I do not have 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 applicable, I do not have a problem
1 not at all
2 slightly
3 moderately
4 greatly