

Victoria Gynecology and Continence Clinic – Pelvic Floor Questionnaire

Name _____

Date of Birth _____

Date _____

Bladder Section

1. How many times do you pass urine in the day?
 - 0 up to 7
 - 1 between 8 and 10
 - 2 between 11 and 15
 - 3 more than 15
2. How many times do you get up in the 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?
 - 0 never
 - 1 occasionally – less than 1/week
 - 2 frequently – 1/week or more
 - 3 always – every night
4. Do you need to rush / hurry to pass urine when you get the urge?
 - 0 can hold on
 - 1 occasionally – less than 1/week
 - 2 frequently – 1/week or more
 - 3 daily
5. Does urine leak when you rush/hurry to the toilet or can't make it in time?
 - 0 not at all
 - 1 occasionally– less than 1/week
 - 2 frequently – 1/week or more
 - 3 daily
6. Do you leak when coughing, sneezing, laughing or exercising?
 - 0 not at all
 - 1 occasionally– less than 1/week
 - 2 frequently – 1/week or more
 - 3 daily
7. Is your urinary stream (urine flow) weak, prolonged or slow?
 - 0 never
 - 1 occasionally– less than 1/week
 - 2 frequently – 1/week or more
 - 3 daily
8. Do you have a feeling of incomplete bladder emptying?
 - 0 never
 - 1 occasionally– less than 1/week
 - 2 frequently – 1/week or more
 - 3 daily
9. Do you need to strain to empty your bladder?
 - 0 never
 - 1 occasionally – less than 1/week
 - 2 frequently – 1/week or more
 - 3 daily
10. Do you have to wear a pad because of urinary leakage?
 - 0 none - never
 - 1 as a precaution
 - 2 with 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 / year
 - 2 4-12 / year
 - 3 more than one / month
13. Do you have pain in your bladder or urethra when you empty your bladder?
 - 0 never
 - 1 occasionally – less than 1/week
 - 2 frequently – 1/week or more
 - 3 daily
14. Does 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 of a bother is your bladder problem to you?
 - 0 no problem
 - 1 slightly
 - 2 moderately
 - 3 greatly

Bowel Section

16. How often do you usually empty 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 hard/pebbles
 - 2 watery
 - 01 variable
 - 00 firm
18. Do you have to strain a lot to empty your bowels?
 - 0 never
 - 1 occasionally – less than 1/week
 - 2 frequently – 1/week or more
 - 3 daily
19. Do you use laxatives to empty your bowels?
 - 0 never
 - 1 occasionally – less than 1/week
 - 2 frequently – 1/week or more
 - 3 daily
20. Do you feel constipated?
 - 0 never
 - 1 occasionally – less than 1/week
 - 2 frequently – 1/week or more
 - 3 daily
21. When you get wind or flatus can, you control it or does wind leak?
 - 0 never
 - 1 occasionally – less than 1/week
 - 2 frequently – 1/week or more
 - 3 daily

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22. Do you get an overwhelming sense of urgency to empty your bowels?
- 0 never
 - 1 occasionally – less than 1/week
 - 2 frequently – 1/week or more
 - 3 daily
23. Do you leak watery stool when you don't mean to?
- 0 never
 - 1 occasionally – less than 1/week
 - 2 frequently – 1/week or more
 - 3 daily
24. Do you leak normal stool when you don't mean to?
- 0 never
 - 1 occasionally – less than 1/week
 - 2 frequently – 1/week or more
 - 3 daily
25. Do you have a feeling of incomplete bowel emptying?
- 0 never
 - 1 occasionally – less than 1/week
 - 2 frequently – 1/week or more
 - 3 daily
26. Do you have to use finger pressure to help empty your bowels?
- 0 never
 - 1 occasionally – less than 1/week
 - 2 frequently – 1/week or more
 - 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 a bulging in your vagina?
- 0 never
 - 1 occasionally – less than 1/week
 - 2 frequently – 1/week or more
 - 3 daily
29. Do you experience vaginal pressure or heaviness or a dragging sensation?
- 0 never
 - 1 occasionally – less than 1/week
 - 2 frequently – 1/week or more
 - 3 daily
30. Do you have to push back your prolapse in order to void?
- 0 never
 - 1 occasionally – less than 1/week
 - 2 frequently – 1/week or more
 - 3 daily
31. Do you have to push back your prolapse in order to empty your bowels?
- 0 never
 - 1 occasionally – less than 1/week
 - 2 frequently – 1/week or more
 - 3 daily
32. How much does your prolapse bother you?
- not applicable – do not have a prolapse
 - 0 not at all
 - 1 slightly
 - 2 moderately
 - 3 greatly

Sexual Function Section

33. Are you sexually active?
- no
 - less than 1/week
 - 1/week or more
 - most days or daily
- If not sexually active, please answer questions 34 and 42 only.*
34. If you are not sexually active, please tell us why.
- do not have a partner
 - I am not interested
 - my partner is unable
 - vaginal dryness
 - too painful
 - embarrassment due to prolapse or incontinence
 - other reasons: _____
35. Do you have sufficient natural lubrication during intercourse?
- 1 no
 - 0 yes
36. During intercourse vaginal sensation is:
- 3 none
 - 1 painful
 - 1 minimal
 - 0 normal / pleasant
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?
- 0 not applicable, no 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 of a bother are these sexual issues to you?
- Not applicable, I do not have a problem
 - 0 no problem at all
 - 1 slight problem
 - 2 moderate problem
 - 3 great problem

Do you have any other symptoms not discussed:
