

VICTORIA GYNECOLOGY AND CONTINENCE CLINIC – PELVIC FLOOR QUESTIONNAIRE

NAME _____ DATE OF BIRTH _____ TODAYS 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 times
2. How many times do you get up in the night to pass urine?
 0 Zero to once
 1 Twice
 2 Three times
 3 More than 3 times
3. Do you wet the bed before you wake up?
 0 Never
 1 Occasionally – less than once per week
 2 Frequently – once per week or more
 3 Always – every night
4. Do you need to rush or hurry to the toilet and cannot make it on time?
 0 Can hold on
 1 Occasionally – less than once per week
 2 Frequently – once a week or more
 3 Daily
5. Does urine leak when you rush or hurry to the toilet or cannot make it in time?
 0 Not at all
 1 Occasionally – less than once per week
 2 Frequently – once per week or more
 3 Daily
6. Do you leak when coughing, sneezing, laughing or exercising?
 0 Not at all
 1 Occasionally – less than once per week
 2 Frequently – once per week or more
 3 Daily
7. Is your urine flow weak, prolonged or slow?
 0 Never
 1 Occasionally – less than once per week
 2 Frequently – once per week or more
 3 Daily
8. Do you have a feeling of incomplete bladder emptying?
 0 Never
 1 Occasionally – less than once per week
 2 Frequently – once per week or more
 3 Daily
9. Do you need to strain to empty your bladder?
 0 Never
 1 Occasionally – less than once per week
 2 Frequently – once per week or more
 3 Daily
10. Do you have to wear a pad because of urinary leakage?
 0 Never
 1 As a precaution
 2 With exercising or 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 One to three per year
 2 Four to twelve 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 per week or more
 3 Daily

14. Does urine leakage affect your routine activities like recreation, socializing, sleeping, shopping and so on?
 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

1. How often do you usually empty your bowels?
 0 Every other day or once daily
 1 Less than every 3 days
 2 less than once a week
 0 More than once a day
2. What is the consistency of your usual stool?
 0 Soft
 0 Hard or pebble-like
 2 Watery
 1 Variable
 0 Firm
3. Do you have to strain a lot to empty your bowels?
 0 Never
 1 Occasionally – less than once per week
 2 Frequently – once per week or more
 3 Daily
4. Do you use laxatives to empty our bowels?
 0 Never
 1 Occasionally – less than once per week
 2 Frequently – once per week or more
 3 Daily
5. Do you feel constipated?
 0 Never
 1 Occasionally – less than once per week
 2 Frequently – once per week or more
 3 Daily
6. When you have flatus or wind, can you control it (or does it leak)?
 0 Never
 1 Occasionally – less than once per week
 2 Frequently – once per week or more
 3 Daily
7. Do you get an overwhelming sense of urgency to empty your bowel?
 0 Never
 1 Occasionally – less than once per week
 2 Frequently – once per week or more
 3 Daily
8. Do you leak watery stool when you do not mean to?
 0 Never
 1 Occasionally – less than once per week
 2 Frequently – once per week or more
 3 Daily
9. Do you leak normal stool when you do not mean to?
 0 Never
 1 Occasionally – less than once per week
 2 Frequently – once per week or more
 3 Daily
10. Do you have a feeling of incomplete bowel emptying?
 0 Never
 1 Occasionally – less than once per week
 2 Frequently – once per week or more
 3 Daily

PLEASE TURN OVER TO CONTINUE ON BACK PAGE.... THANK YOU VERY MUCH.

