

Woodstown Physical Therapy and Sports Rehab
THE AUSTRALIAN PELVIC FLOOR QUESTIONNAIRE



Name: _____ Date: _____

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 (*>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 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

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

- 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