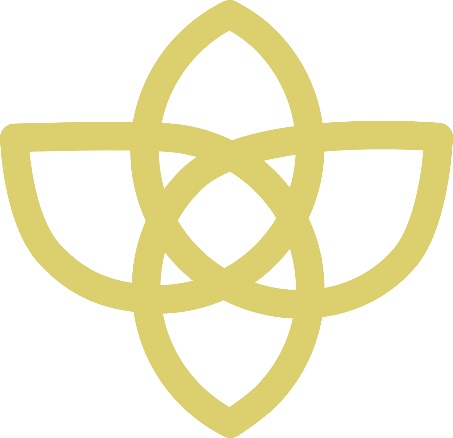
****BALANCE HEALTH PHILLIP ISLAND   
PELVIC FLOOR QUESTIONNAIRE**

*Thankyou for completing this questionnaire. This will enable our physiotherapists to provide a thorough assessment and treatment plan!*

**Bladder Function**

1. **How many times do you pass urine in the day?**
   1. Up to 7
   2. Between 8-10
   3. Between 11-15
   4. More than 15
2. **How many times do you get up at night to pass urine?**
   1. 0-1
   2. 2
   3. 3
   4. More than 3 times
3. **Do you need to rush or hurry to pass urine when you get the urge?**
   1. I can hold on
   2. occasionally have to rush (less than once per week)
   3. frequently have to rush (more than once per week)
   4. daily

**How long can you defer a void for? \_\_\_\_\_\_\_\_\_\_\_\_**

**Where do you feel the sensation when you need to void?** Abdomen /perineum

1. **Do you leak urine when you rush or hurry to the toilet?**
   1. Not at all
   2. Occasionally (less than once per week)
   3. Frequently (more than once per week)
   4. Daily
2. **Do you leak urine with coughing, sneezing, laughing or exercising?**
   1. Not at all
   2. Occasionally ( less than once per week)
   3. Frequently (more than once per week)
   4. Daily

**Please list activities which will cause you to leak urine** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Is your urine stream weak prolonged or slow?**
   1. Not at all
   2. Occasionally ( less than once per week
   3. Frequently (more than once per week
   4. Daily
2. **Do you have a feeling of incomplete bladder emptying?**
   1. Never
   2. Occasionally ( less than once per week
   3. Frequently (more than once per week
   4. Daily
3. **Do you need to strain to empty your bladder?**
   1. Never
   2. Occasionally ( less than once per week)
   3. Frequently (more than once per week)
   4. Daily
4. **Do you have to wear pads because of urinary leakage?**
   1. Never
   2. As a precaution
   3. When exercising/during cold
   4. daily
5. **Do you limit your fluid intake to decrease urinary leakage?**
   1. Never
   2. before going out
   3. moderately
   4. always

**How many drinks do you have per day?**

**Water \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Tea/coffee etc\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Do you have frequent bladder infections**
   1. No
   2. 1-3 times per year
   3. 4-12 per year
   4. More than one per month
2. **Do you have pain in your bladder or urethra when you empty your bladder?**
   1. Never
   2. Occasionally ( less than once per week)
   3. Frequently (more than once per week)
   4. Daily
3. **Doe the urine leakage affect your daily activities like recreation, socialising, sleeping, shopping etc?**
   1. Not at all
   2. Slightly
   3. Moderately
   4. Greatly
4. **How much does your bladder problem bother you**
   1. Not at all
   2. Slightly
   3. moderately
   4. Greatly

**Bowel function**

1. **How often do you normally open your bowels?**
   1. Every other day or daily
   2. Less than every 3 days
   3. Less than once a week
2. More than once per day
3. **How is the consistency of your usual stool?**
   1. Soft
   2. Firm
   3. Hard (pebbles)
4. Watery
5. **Do you have to strain a lot to empty your bowels?**
   1. Never
   2. Occasionally ( less than once per week)
   3. Frequently (more than once per week)
   4. Daily
6. **Do you use laxatives to empty your bowels**
   1. Never
   2. Occasionally ( less than once per week)
   3. Frequently (more than once per week)
   4. Daily
7. **Do you feel constipated**
   1. Never
   2. Occasionally ( less than once per week)
   3. Frequently (more than once per week)
   4. Daily
8. **Can you control wind or flatus or does it leak?**
   1. Never
   2. Occasionally ( less than once per week)
   3. Frequently (more than once per week)
   4. Daily
9. **Do you get an overwhelming sense of urgency to empty your bowel?**
   1. Never
   2. Occasionally ( less than once per week
   3. Frequently (more than once per week
   4. Daily
10. **Do you leak stool when you don’t mean to?**
    1. Never
    2. Occasionally ( less than once per week)
    3. Frequently (more than once per week)
    4. Daily

**Is it firm or watery?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Do you have a feeling of incomplete bowel emptying?**
   1. Never
   2. Occasionally ( less than once per week
   3. Frequently (more than once per week
   4. Daily
2. **Do you have to use finger pressure to help empty your bowels?**
   1. Never
   2. Occasionally ( less than once per week
   3. Frequently (more than once per week
   4. Daily
3. **How much does your bowel problem bother you?**
   1. Never
   2. Occasionally ( less than once per week
   3. Frequently (more than once per week
   4. Daily

**Diet**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Prolapse symptoms**

1. **Do you have a sensation of tissue protrusion or a lump bulging in your vagina?**
   1. Never
   2. Occasionally ( less than once per week)
   3. Frequently (more than once per week)
   4. Daily
2. **Do you experience vaginal pressure or heaviness or a dragging sensation?**
   1. Never
   2. Occasionally ( less than once per week)
   3. Frequently (more than once per week)
   4. Daily
3. **Do you have to push back your prolapse in order to void?**
   1. Never
   2. Occasionally ( less than once per week)
   3. Frequently (more than once per week)
   4. Daily
4. **Do you have to push back your prolapsed to empty your bowels?**
   1. Never
   2. Occasionally ( less than once per week)
   3. Frequently (more than once per week)
   4. Daily
5. **How much does your prolapse bother you?**
   1. Not at all
   2. Slightly
   3. Moderately
   4. Greatly

**Sexual Function**

1. **Are you sexually active? Yes / No**

**If not why not?**

* Do not have a partner
* I am not interested
* My partner is unable
* Vaginal dryness
* Too painful
* Embarrassment due to prolapsed or incontinence
* **Other reasons**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Do you have pain with sexual intercourse?**
   1. Never
   2. Occasionally ( less than once per week
   3. Frequently (more than once per week
   4. Daily