****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