# QUEENSLAND FEMALE PELVIC FLOOR QUESTIONNAIRE

Patient:	 Date:
PRIMARY PROBLEM:	 Duration:
SECONDARY PROBLEM:	

#### Bladder Section

Urinary frequency How many times do you pass urine in the day? Up to 7 Between 8-10	Nocturia  How many times do you get up at night to pass urine?  0 0-1  1 2	Nocturnal enuresis Do you wet the bed before you wake up?  Never Occasionally – less than 1/week
2 Between 11-15 3 More than 15	2 3 3 More than 3 times	2 Frequently – once or more/week 3 Always – every night
Urgency Do you need to rush/hurry to pass urine when you get the urge?  O Never  Occasionally – less than 1/week Daily  Weak Stream Is your urinary stream/flow weak/prolonged/slow?  Never  Occasionally – less than 1/week Frequently – more than 1/week Daily  Daily	Urge incontinence Does urine leak when you rush/hurry to the toilet/Can you make it in time?  Never  Occasionally – less than 1/week Frequently – more than 1/week Daily  Incomplete bladder emptying Do you have a feeling of incomplete bladder emptying? Never Occasionally – less than 1/week Frequently – more than 1/week Frequently – more than 1/week Daily	Stress incontinence Do you leak with coughing, sneezing, exercising?  O Never  Occasionally – less than 1/week  Frequently – more than 1/week  Daily  Strain to empty  Do you need to strain to empty your bladder?  Never  Occasionally – less than 1/week  Frequently – more than 1/week  Daily
Pad usage Do you have to wear pads?	Reduced fluid intake Do you limit your fluid intake to decrease leakage?	Recurrent UTI Do you have frequent bladder infections?
0 None – Never 1 As a precaution 2 With exercise/during a cold 3 Daily	<ul> <li>Never</li> <li>Before going out/socially</li> <li>Moderately</li> <li>Daily</li> </ul>	<ul> <li>No</li> <li>1 - 3 per year</li> <li>4 - 12 per year</li> <li>More than 1 per month</li> </ul>
Dysuria Do you have pain in your bladder/urethra when you empty your bladder?  Never  Occasionally – less than 1/week Frequently – more than 1/week Daily  Other symptoms (haematuria, pain, etc.)	Impact on social life Does urine leakage affect your routine activities (recreation, shopping, etc)  O Not at all  Slightly  Moderately  Greatly	How much of a bother Is your bladder problem to you?  O No problem  Slightly  Moderately  Greatly

#### **Bowel Section**

Defaecation frequency How often do you usually open your bowels? Less than 1/week Less than every 3 days More than 3/week or daily More than 1/day	Consistency of bowel motion  How is the consistency of your usual stool?  O Soft O Firm  1 Hard / Pebbles  2 Watery  1 Variable	Defaecation straining Do you have to strain a lot to empty your bowels?  Never  Occasionally – less than 1/week Frequently – once or more/week Daily
Laxative Use Do you use laxatives to empty your bowels  Never  Occasionally – less than 1/week Frequently – more than 1/week Daily	Do you feel constipated?  0 Never 1 Occasionally – less than 1/week 2 Frequently – more than 1/week 3 Daily	Flatus incontinence When you get wind/flatus, can you control it or does wind leak?  Never  Occasionally – less than 1/week Frequently – more than 1/week Daily
Faecal urgency Do you get an overwhelming sense of urgency to empty bowels?  O Never  Occasionally – less than 1/week  Frequently – more than 1/week  Daily	Faecal incontinence with diarrhoea Do you leak watery stool when you don't mean to?  Never Coccasionally – less than 1/week Frequently – more than 1/week Daily	Faecal inc. with normal stool Do you leak normal stool when you don't mean to?  Never Coccasionally – less than 1/week Frequently – more than 1/week Daily

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Incomplete bowel evacuation	Obstructed defecation	How much of a bother	
Do you have the feeling of incomplete bowel emptying?	Do you use finger pressure to help empty your bowel?	Is your bowel problem to you?	
0 Never	0 Never	0 No problem	
1 Occasionally – less than 1/week	1 Occasionally – less than 1/week	1 Slightly	
2 Frequently - more than 1/week	2 Frequently – more than 1/week	2 Moderately	
3 Daily	3 Daily	3 Greatly	
Other symptoms (pain, mucous discharge, rectal prolapse, etc.)			

### Prolapse Section

Prolapse sensation Do you get a sensation of tissue protrusion in your vagina/lump/bulging?  Never  Occasionally – less than 1/week Frequently – more than 1/week Daily	Vaginal pressure of heaviness Do you experience vagina pressure/heaviness/dragging sensation?  Never  Occasionally – less than 1/week Frequently – more than 1/week Daily	Prolapse reduction to void Do you have to push back your prolapse in order to void?  Never  Occasionally – less than 1/week Frequently – more than 1/week Daily
Prolapse reduction to defaecate Do you have to push back your prolapse to empty your bowels?  Never  Occasionally – less than 1/week Frequently – more than 1/week Daily  Other symptoms (problems sitting/walking, pain, vagina bleeding)	How much of a bother Is the prolapse to you?  No problem Slightly Moderately Greatly	

## Sexual function Section

	ually active?	If NO	T, why not:		ficient lubrication
Are y	ou sexually active?		No partner		ou have sufficient lubrication during intercourse?
	No		Partner unable	1	No Yes
	Less than 1/week		Vaginal dryness	0	res
	More than 1/week		Too painful		
	Most days/daily		Embarrassment		
			Other		
Duri	ng intercourse vaginal sensation is:	Vagi	nal laxity	Vag	inal tightness/vaginismus
3	None	Do yo	ou feel that your vagina is too loose or lax?	Do y	ou feel that your vagina is too tight?
3	Painful	0	Never	0	Never
1	Minimal	1	Occasionally	1	Occasionally
0	Normal / Pleasant	2	Frequently	2	Frequently
	,	3	Always	3	Always
Dys	pareunia	Dysi	pareunia where	Coi	tal incontinence
Do yo	ou experience pain with intercourse:	Wher	e does the pain occur?	Do y	ou leak urine during sex?
0	Never		No pain	0	Never
1	Occasionally	П	At the entrance of the vagina	1	Occasionally
2	Frequently		· ·	2	Frequently
3	Always		Deep inside / in the pelvis	3	Always
			Both		
	How much of a bother		er symptoms (coital flatus or faecal		
Are t	hese sexual issues to you?	incor	tinence, vaginismus, etc.)		
0	No problem at all				
1	Slight problem				
2	Moderate problem				
3	Great problem				