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BLADDER SECTION:

Name: _____ DOB: _____

URINARY FREQUENCY

How many times do you pass urine in the day?

- Up to 7
- Between 8-10
- Between 11-15
- More than 15

NOCTURIA

How many times do you get up in the night to pass urine?

- 0-1
- 2
- 3
- More than 3 times

NOCTURNAL ENURESIS

Do you wet the bed before you wake up?

- Never
- Occasionally - less than 1/week
- Frequently - 1 or more a week
- Every night

URGENCY

Do you need to rush / hurry to pass urine when you get the urge?

- Never
- Occasionally - < 1/week
- Frequently - > 1/week
- Daily

URGE INCONTINENCE

Does urine leak when you rush / hurry to the toilet / can you make it in time?

- Never
- Occasionally - < 1/week
- Frequently - > 1/week
- Daily

STRESS INCONTINENCE

Do you leak with coughing, sneezing, laughing, exercising?

- Never
- Occasionally - < 1/week
- Frequently - > 1/week
- Daily

WEAK STREAM

Is your urinary flow weak, prolonged or slow?

- Never
- Occasionally - < 1/week
- Frequently - > 1/week
- Daily

INCOMPLETE BLADDER EMPTYING

Do you have a feeling of incomplete bladder emptying?

- Never
- Occasionally - < 1/week
- Frequently - > 1/week
- Daily

PAD USAGE

Do you have to wear pads?

- None
- 1 as a precaution
- With exercising / during a cold
- Daily

REDUCED FLUID INTAKE

Do you limit your fluid intake to decrease leakage?

- Never
- Before going out / socially
- Moderately
- Daily

RECURRENT UTI

Do you have frequent bladder infections?

- No
- 1 to 3 per year
- 4 to 12 per year
- More than one per month

DYSURIA

Do you have pain in your bladder / urethra when you empty your bladder?

- Never
- Occasionally - < 1/week
- Frequently - > 1/week
- Daily

IMPACT ON SOCIAL LIFE

Does urine leakage affect your routine activities (recreation, shopping etc.)?

- Not at all
- Slightly
- Moderately
- Greatly

How much of a bother is your bladder problem to you?

- No problem
- Slightly
- Moderately
- Greatly

Name: _____ DOB: _____

Other symptoms (haematuria, pain etc.) _____

BOWEL SECTION:

DEFAECATION FREQUENCY

How often do you usually open your bowels?

- < 1/week
- < every three days
- > 3/ week or daily
- > more than 1/day

CONSISTENCY OF BOWEL MOTION

How is the consistency of your usual stool?

- Soft
- Firm
- Hard / pebbles
- Watery
- Variable daily

DEFAECATION STRAINING

Do you have to strain a lot to empty your bowels?

- Never
- Occasionally - <1/week
- Frequently- >1/week
- Daily

LAXATIVE USE

Do you use laxatives to empty your bowels?

- Never
- Occasionally - <1/week
- Frequently- >1/week
- Daily

DO YOU FEEL CONSTIPATED?

- Never
- Occasionally - < 1/week
- Frequently - > 1/week
- Daily

FLATUS INCONTINENCE

When you get wind / flatus, can you control it or does wind leak?

- Never
- Occasionally - < 1/week
- Frequently - > 1/week
- Daily

FAECAL URGENCY

Do you get an overwhelming sense of urgency to empty your bowels?

- Never
- Occasionally - < 1/week
- Frequently - > 1/week
- Daily

FAECAL INCONTINENCE WITH DIARRHOEA

Do you leak watery stool when you don't mean to?

- Never
- Occasionally - < 1/week
- Frequently - > 1/week
- Daily

FAECAL INCONTINENCE WITH NORMAL STOOL

Do you leak normal stool when you don't mean to?

- Never
- Occasionally - < 1/week
- Frequently - > 1/week
- Daily

INCOMPLETE BOWEL EVACUATION

Do you have the feeling of incomplete bowel emptying?

- Never
- Occasionally - < 1/week
- Frequently - > 1/week
- Daily

OBSTRUCTED DEFECTION

Do you use finger pressure to help emptying your bowel?

- Never
- Occasionally - < 1/week
- Frequently - > 1/week
- Daily

How much of a bother is your bowel problem to you?

- No problem
- Slightly
- Moderately
- Greatly

Other symptoms (problems sitting/walking, pain, bleeding) _____

Name: _____ DOB: _____

PROLAPSE SECTION:

PROLAPSE SENSATION

Do you get a sensation of tissue protrusion in your vagina/lump/bulging?

- Never
- Occasionally - < 1/week
- Frequently - > 1/week
- Daily

VAGINAL PRESSURE OR HEAVINESS

Do you experience vaginal pressure/heaviness / dragging sensations?

- Never
- Occasionally - < 1/week
- Frequently - > 1/week
- Daily

PROLAPSE REDUCTION TO VOID

Do you have to push back your prolapse to help you void?

- Never
- Occasionally - < 1/week
- Frequently - > 1/week
- Daily

PROLAPSE REDUCTION TO DEFAECATE

Do you have to push back your prolapse to help empty your bowels?

- Never
- Occasionally - < 1/week
- Frequently - > 1/week
- Daily

How much of a bother is the prolapse to you?

- No problem
- Slightly
- Moderately
- Greatly

Other symptoms (problems sitting/walking, pain, bleeding) _____

SEXUAL FUNCTION:

SEXUALLY ACTIVE?

Are you sexually active?

- No
- < 1/week
- > 1/week
- Most days / daily

IF NOT, WHY NOT:

- No partner
- Partner unable
- Vaginal dryness
- Too painful
- Embarrassment
- Other

SUFFICIENT LUBRICATION

Do you have sufficient lubrication during intercourse?

- No
- Yes

DURING INTERCOUSE VAGINAL SENSATIONS:

- None
- Painful
- Minimal
- Normal / pleasant

VAGINAL LAXITY

Do you feel that your vagina is too loose or lax?

- Never
- Occasionally
- Frequently
- Always

VAGINAL TIGHTNESS/ VAGINISMUS

Do you feel that your vagina is too tight?

- Never
- Occasionally
- Frequently
- Always

Name: _____ DOB: _____

DYSPAREUNIA

Do you experience pain with intercourse?

- Never
- Occasionally
- Frequently
- Always

DYSPAREUNIA

- No pain
- At the entrance of the vagina
- Deep inside/ in the pelvis
- Both

COITAL INCONTINENCE

Do you leak urine during sex?

- Never
- Occasionally
- Frequently
- Always

How much of a bother are these sexual issues to you?

- Not applicable
- No problem at all
- Slight problem
- Moderate problem
- Great problem

Other symptoms (coital flatus or faecal incontinence, vaginismus etc.) _____
