

Consent by patient: Signed.....Date.....

Please circle your most applicable answer.

Consider your experiences during the last month.

Bladder function

1. How many times do you pass urine in the day?

- up to 7
- between 8-10
- between 11-15
- more than 15

2. How many times do you get up at night to pass urine?

- 0-1
- 2
- 3
- more than 3 times

3. Do you wet the bed **before** you wake up at night?

- Never
- Occasionally (less than once per week)
- Frequently (once or more per week)
- Always (every night)

4. Do you need to rush or hurry to pass urine when you get the urge?

- Can hold on
- Occasionally have to rush (less than once per week)
- Frequently have to rush (once or more per week)
- Daily

5. Does urine leak when you rush or hurry to the toilet or can't you make it in time?

- Not at all
- Occasionally (less than once per week)
- Frequently (once or more per week)
- Daily

6. Do you leak urine with coughing, sneezing, laughing or exercising?

- not at all
- occasionally (less than once per week)
- frequently (more than once per week)
- daily

7. Is your urinary stream (urine flow) weak, prolonged or slow?

- Never
- Occasionally (less than once a week)
- Frequently (once or more per week)
- Daily

8. Do you have a feeling of incomplete bladder emptying?

- Never
- Occasionally (less than once a week)
- Frequently (once or more than once a week)
- Daily

9. Do you need to strain to empty your bladder?

- Never
- Occasionally (less than once a week)
- Frequently (once or more per week)
- Daily

10. Do you have to wear pads because of urinary leakage?

- None –never
- As a precaution
- When exercising/during a cold
- Daily

11. Do you limit your fluid intake to decrease urinary leakage?

- Never
- Before going out
- Moderately
- Always

12. Do have frequent bladder infections?

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

13. Do you have pain in your bladder or urethra when you empty your bladder?

- Never
- Occasionally (less than once a week)
- Frequently (once or more than once a week)
- Daily

14. Does the urine leakage affect your routine activities like recreation, socialising, sleeping, shopping etc?

- Not at all
- Slightly
- Moderately
- Greatly

15. How much does your bladder problem bother you?

- Not at all
- Slightly
- Moderately
- Greatly

Bowel function

16. How often do you usually open your bowels?

- Every other day or daily
- Less than every 3 days
- Less than once a week
- More than once a day

17. How is the consistency of your usual stool?

- Soft .firm .hard (pebbles)
- Watery .variable

19. Do you use laxatives to empty your bowels?

- never
- Occasionally (less than once a week)
- frequently (once or more than once a week)
- daily

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

- Never
- Occasionally (less than once a week)
- frequently (once or more than once a week)
- daily

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

- Never
- Occasionally (less than once a week)
- Frequently (once or more than once a week)
- Daily

25. Do you have a feeling of incomplete bowel emptying?

- Never
- Occasionally (less than once a week)
- Frequently (once or more than once a week)
- Daily

27. How much does your bowel problem bother you?

- Not at all
- Slightly
- Moderately
- Greatly

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

- Never
- Occasionally (less than once a week)
- Frequently (once or more than once a week)
- Daily

20. Do you feel constipated?

- Never
- Occasionally (less than once a week)
- Frequently (once or more than once a week)
- Daily

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

- Never
- Occasionally (less than once a week)
- frequently (once or more than once a week)
- daily

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

- Never
- Occasionally (less than once a week)
- Frequently (once or more than once a week)
- Daily

26. Do you have to use finger pressure to help empty your bowels?

- Never
- Occasionally (less than once a week)
- Frequently (once or more than once a week)
- Daily

Prolapse symptoms

28. Do you have a sensation of tissue protrusion or a lump or bulging in your vagina?

- Never
- Occasionally (less than once a week)
- Frequently (once or more than once a week)
- Daily

29. Do you experience vaginal pressure or heaviness or a dragging sensation?

- Never
- Occasionally (less than once a week)
- Frequently (once or more than once a week)
- Daily

31. Do you have to push back your prolapse to empty your bowels?

- Never
- Occasionally (less than once a week)
- Frequently (once or more than once a week)
- Daily
-

30. Do you have to push back your prolapse in order to void?

- Never
- Occasionally (less than once a week)
- Frequently (once or more than once a week)
- Daily

32. How much does your prolapse bother you?

Not applicable, do not have a prolapse

- Not at all
- Slightly
- Moderately
- Greatly

Sexual function

(If you are not sexually active, please continue to answer questions 34 and 42 only)

33. Are you sexually active? (no scoring of this question)

- No
- Less than once per 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
- Embarrassment due to the prolapse or incontinence
- Other reasons

35. Do you have sufficient natural vaginal lubrication during intercourse?

- Yes
- No

36. During intercourse vaginal sensation is:

- Normal / pleasant
- Minimal
- Painful
- None

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

- Never
- Occasionally
- Frequently
- Always

38. Do you feel that your vagina is too tight?

- Never
- Occasionally
- Frequently
- Always

39. Do you experience pain with sexual intercourse?

- Never
- Occasionally
- Frequently
- Always

40. Where does the pain during intercourse occur?

- Not applicable, I do not have pain
- At the entrance to the vagina
- Deep inside, in the pelvis
- Both at the entrance and in the pelvis

41. Do you leak urine during sexual intercourse?

- Never
- Occasionally
- Frequently
- Always

42. How much do these sexual issues bother you?

- **Not applicable, I do not have problems**
- Not at all
- Slightly
- Moderately
- Greatly

