

Name:

DATE:

Please complete this questionnaire so that we have a clear summary of your symptoms. Be as honest as possible and choose the answers that best describe you. You may add extra comments.

Bladder function									
<p>1. How many times do you <u>pass urine</u> in a day?</p> <p>Up to 7 Between 8 & 10 Between 11 & 15 More than 15</p> <p>2. How many times do you <u>get up at night</u> to pass urine?</p> <p>0 to 1 2 More than 3 times</p> <p>3. Do you <u>wet the bed before</u> you wake up at night?</p> <p>Never Occasionally (less than once per week) Frequently (once or more per week) Always (every night)</p> <p>4. Do you need to <u>rush</u> or <u>hurry to pass urine</u> when you get the urge?</p> <p>Can hold on Occasionally have to rush (less than once per week) Frequently have to rush (once or more per week). Daily</p> <p>5. Does urine <u>leak</u> when you <u>rush</u> or <u>hurry</u> to the toilet or can't you make it in time?</p> <p>Not at all Occasionally (less than once per week) Frequently (once or more per week) Daily</p> <p>6. Do you <u>leak</u> urine with coughing, sneezing, laughing or exercising?</p> <p>Not at all Occasionally (less than once per week) Frequently (more than once per week) Daily</p> <p>7. Is your urinary <u>stream</u> (urine flow) weak, prolonged or slow?</p> <p>Never Occasionally (less than once per week) Frequently (once or more per week) Daily</p>	<p>8. Do you have a feeling of <u>incomplete</u> bladder emptying?</p> <p>Never Occasionally (less than once per week) Frequently (once or more per week) Daily</p> <p>9. Do you need to <u>strain</u> to empty your bladder?</p> <p>Never Occasionally (less than once per week) Frequently (once or more per week) Daily</p> <p>10. Do you have to wear <u>pads</u> because of urinary leakage?</p> <p>None – never As a precaution When exercising/during a cold Daily</p> <p>11. Do you limit your fluid intake to decrease urinary leakage?</p> <p>Never Before going out Moderately Always</p> <p>12. Do you have frequent bladder <u>infections</u>?</p> <p>No 1-3 per year 4 – 12 per year More than one per month</p> <p>13. Do you have <u>pain</u> in your bladder or urethra when you empty your bladder?</p> <p>Never Occasionally (less than once a week) Frequently (once or more than once a week) Daily</p> <p>14. Does the urine <u>leakage</u> affect your routine activities like recreation, socialising, sleeping, shopping etc.?</p> <p>Not at all Slightly Moderately Greatly</p> <p>15. How much does your bladder problem <u>bother</u> you?</p> <table> <tr> <td>Not at all</td> <td>0</td> </tr> <tr> <td>Slightly</td> <td>1</td> </tr> <tr> <td>Moderately</td> <td>2</td> </tr> <tr> <td>Greatly</td> <td>3</td> </tr> </table>	Not at all	0	Slightly	1	Moderately	2	Greatly	3
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Bowel function									
<p>16. How often do you open your bowels?</p> <p>More than 3 times a day 2-3 times a day Once a day Every 1-3 days Less than every 3 days Less than once a week</p>	<p>24. Do you feel that you cannot completely empty your bowel?</p> <p>Never Occasionally Most of the time All the time</p>								
<p>17. Are your motions usually....</p> <p>Watery? Sloppy? Soft & formed? Hard?</p>	<p>25. Do you use finger pressure to help empty your bowels?</p> <p>Never Occasionally Most of the time All the time</p>								
<p>18. Can you hold on to your motions for more than 5 minutes?</p> <p>All the time Most of the time Occasionally Never</p>	<p>26. Do you use a finger in your vagina to help open your bowels?</p> <p>Never Occasionally Most of the time All the time</p>								
<p>19. Do you ever have to rush to the toilet to open your bowels?</p> <p>Never Occasionally Most of the time All the time</p>	<p>27. Do you have the urge to open your bowels but are unable to pass a motion?</p> <p>Never Occasionally Most of the time All the time</p>								
<p>20. Does stool leak before you can get to the toilet?</p> <p>Never Occasionally Most of the time All the time</p>	<p>28. Do you find it painful to open your bowels?</p> <p>Never Occasionally Most of the time All the time</p>								
<p>21. Do you leak stool for no obvious reason and without feeling that you want to go to the toilet?</p> <p>Never Occasionally Most of the time All the time</p>	<p>29. Have you consulted a doctor in the last six months about constipation?</p> <p>Yes No</p>								
<p>22. Do you have to strain to open your bowels?</p> <p>Never Occasionally Most of the time All the time</p>	<p>30. Do you use laxatives?</p> <p>Never Once a week More than once a week Daily</p>								
<p>23. How long do you spend in the toilet, on average, for each bowel action?</p> <p>Less than 5 minutes 5-10 minutes 10-20 minutes More than 20 minutes</p>	<p>31. How much does your bowel problem bother you?</p> <table> <tbody> <tr> <td>Not at all</td> <td>0</td> </tr> <tr> <td>Slightly</td> <td>1</td> </tr> <tr> <td>Moderately</td> <td>2</td> </tr> <tr> <td>Greatly</td> <td>3</td> </tr> </tbody> </table>	Not at all	0	Slightly	1	Moderately	2	Greatly	3
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Validated St. Mark's Incontinence Scoring (SMIS) system

	Never	Rarely	Sometimes	Weekly	Daily
Incontinence for solid stool	0	1	2	3	4
Incontinence for liquid stool	0	1	2	3	4
Incontinence for gas	0	1	2	3	4
Alteration in lifestyle	0	1	2	3	4
				NO	YES
Need to wear a pad or plug				0	2
Taking constipating medications				0	2
Lack of ability to defer defaecation for 15 minutes (faecal urgency)				0	4

Prolapse symptoms

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

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

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

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

34. Do you have to push back this lump/tissue protrusion in order to void?

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

35. Do you have to push back this lump/tissue protrusion to empty your bowels?

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

36. How much do these symptoms **bother** you?

- Not at all 0
- Slightly 1
- Moderately 2
- Greatly 3

Sexual function									
<p>37. Are you sexually active?</p> <p>No</p> <p>Less than once per week</p> <p>Once or more per week</p> <p>Daily or most days</p> <p>38. If you are not sexually active, please tell us why:</p> <p>I have not recommenced since injury as advised</p> <p>I have not recommenced since injury as I am anxious</p> <p>Do not have a partner</p> <p>I am not interested</p> <p>My partner is unable</p> <p>Vaginal dryness</p> <p>Too painful</p> <p>Embarrassment due to the prolapse or incontinence</p> <p>Other reasons</p> <p>.....</p> <p><i>If you are not sexually active, please continue to answer question 42 only.</i></p> <p>39. Do you have sufficient <u>natural</u> vaginal <u>lubrication</u> during intercourse?</p> <p>Yes</p> <p>No</p> <p>40. During intercourse vaginal sensation is:</p> <p>Normal / pleasant</p> <p>Minimal</p> <p>Painful</p> <p>None</p>	<p>41. Do you feel that your vagina is too loose or lax?</p> <p>Never</p> <p>Occasionally</p> <p>Frequently</p> <p>Always</p> <p>42. Do you feel that your vagina is too <u>tight</u>?</p> <p>Never</p> <p>Occasionally</p> <p>Frequently</p> <p>Always</p> <p>43. Do you experience <u>pain</u> with sexual intercourse?</p> <p>Never</p> <p>Occasionally</p> <p>Frequently</p> <p>Always</p> <p>44. Where does the <u>pain</u> during intercourse occur?</p> <p>Not applicable, I do not have pain</p> <p>At the entrance to the vagina</p> <p>Deep inside, in the pelvis</p> <p>Both at the entrance and in the pelvis</p> <p>45. Do you <u>leak</u> urine during sexual intercourse?</p> <p>Never</p> <p>Occasionally</p> <p>Frequently</p> <p>Always</p> <p>46. How much do these sexual issues <u>bother</u> you?</p> <table> <tr> <td>Not applicable/not at all</td> <td>0</td> </tr> <tr> <td>Slightly</td> <td>1</td> </tr> <tr> <td>Moderately</td> <td>2</td> </tr> <tr> <td>Greatly</td> <td>3</td> </tr> </table>	Not applicable/not at all	0	Slightly	1	Moderately	2	Greatly	3
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Thank you for completing all the questions so far.

Last question - What is your most important problem?

Additional comments