

Name		Unit number	
Date of birth		NHS number	

ePAQ[®] Pelvic Floor

Please answer as many questions as possible

Your Bladder

The following questions are about your bladder and lower urinary tract (waterworks)
Please answer as many questions as possible, thinking mainly about the last 4 weeks...

Do you have any bladder problems or concerns?

Yes ☐ No ☐

How long have you had these problems or concerns?

Less than 6 months ☐ 6 – 12 months ☐ 1 - 2 years ☐ 2 - 5 years ☐ 5 - 10 years ☐ 10 or more years ☐

Are you willing to answer some questions about your bladder and urinary system?

Yes ☐ No ☐

Do you ever have any difficulty with emptying your bladder?

Yes ☐ No ☐

How long have you had any difficulty emptying your bladder?

Less than 6 months ☐ 6 – 12 months ☐ 1 - 2 years ☐ 2 - 5 years ☐ 5 - 10 years ☐ 10 or more years ☐

Do you feel that you go to the toilet too often (day or night)?

Yes ☐ No ☐

How long have you felt this?

Less than 6 months ☐ 6 – 12 months ☐ 1 - 2 years ☐ 2 - 5 years ☐ 5 - 10 years ☐ 10 or more years ☐

Do you ever have any leakage of urine (incontinence)?

Yes ☐ No ☐

How long have you had any urinary leakage?

Less than 6 months ☐ 6 – 12 months ☐ 1 - 2 years ☐ 2 - 5 years ☐ 5 - 10 years ☐ 10 or more years ☐

How often are you aware of an infection in your urine?

Rarely or never ☐ About 1 a year ☐ 2 or 3 a year ☐ About 1 a month ☐ 2 or 3 a month ☐ Most or all the time ☐

How much of a problem is this for you?

Not a problem ☐ A bit of a problem ☐ Quite a problem ☐ A serious problem ☐

Do you have pain in your bladder?

Never ☐ Occasionally ☐ Most of the time ☐ All of the time ☐

How much of a problem is this for you?

Not a problem ☐ A bit of a problem ☐ Quite a problem ☐ A serious problem ☐

Do you have a burning feeling when you pass urine?

Never ☐ Occasionally ☐ Most of the time ☐ All of the time ☐

How much of a problem is this for you?

Not a problem ☐ A bit of a problem ☐ Quite a problem ☐ A serious problem ☐

Do you have pain that gets better when you empty your bladder?

Never ☐ Occasionally ☐ Most of the time ☐ All of the time ☐

How much of a problem is this for you?

Not a problem ☐ A bit of a problem ☐ Quite a problem ☐ A serious problem ☐

Do you have difficulty urinating in the normal way?

Never ☐ Occasionally ☐ Most of the time ☐ All of the time ☐

How much of a problem is this for you?

Not a problem ☐ A bit of a problem ☐ Quite a problem ☐ A serious problem ☐

Do you feel that your bladder doesn't empty completely when you urinate?

Never ☐ Occasionally ☐ Most of the time ☐ All of the time ☐

How much of a problem is this for you?

Not a problem ☐ A bit of a problem ☐ Quite a problem ☐ A serious problem ☐

Do you have to strain to urinate?

Never ☐ Occasionally ☐ Most of the time ☐ All of the time ☐

How much of a problem is this for you?

Not a problem ☐ A bit of a problem ☐ Quite a problem ☐ A serious problem ☐

Is the strength of your urinary stream reduced?

Not at all ☐ A little ☐ Quite a lot ☐ No stream at all ☐

How much of a problem is this for you?

Not a problem ☐ A bit of a problem ☐ Quite a problem ☐ A serious problem ☐

Do you have to insert a finger into your vagina to help you pass urine?

Never ☐ Occasionally ☐ Most of the time ☐ All of the time ☐

How much of a problem is this for you?

Not a problem ☐ A bit of a problem ☐ Quite a problem ☐ A serious problem ☐

How often do you leak urine?

Never ☐ About once a week or less ☐ 2 – 3 times a week ☐ About once a day ☐ Several times a day ☐

How much leakage occurs?

None ☐ A small amount ☐ A moderate amount ☐ A large amount ☐

Do you use pads or panty liners because of leakage of urine?

No ☐ Yes, but I don't leak ☐ Occasionally ☐ Most of the time ☐ Continuously in the day ☐ Continuously day & night ☐

On average, how many pads do you use because of leakage of urine?

Less than one a day ☐ One a day ☐ 2 - 3 a day ☐ 4 - 6 a day ☐ 7 - 10 a day ☐ 10 or more a day ☐

Do you ever have to change your clothes because of leakage of urine?

Never ☐ Change underwear ☐ Change under and outer clothes ☐

How often do you have to change any clothing because of leakage of urine?

About once a month ☐ About once a week ☐ Several times a week ☐ About once a day ☐ Several times a day ☐

Are you aware of leakage or dribbling of urine immediately after you have been to the toilet to pass urine?

Never ☐ Occasionally ☐ Most of the time ☐ All of the time ☐

How much of a problem is this for you?

Not a problem ☐ A bit of a problem ☐ Quite a problem ☐ A serious problem ☐

Do you suddenly get a strong urge to rush to the toilet to pass urine?

Never ☐ Occasionally ☐ Most of the time ☐ All of the time ☐

How much of a problem is this for you?

Not a problem ☐ A bit of a problem ☐ Quite a problem ☐ A serious problem ☐

When you get the urge to go, does urine start to leak before you can make it to the toilet?

Never ☐ Occasionally ☐ Most of the time ☐ All of the time ☐

How much of a problem is this for you?

Not a problem ☐ A bit of a problem ☐ Quite a problem ☐ A serious problem ☐

Does urine leak when you wash your hands or hear the sound of running water?

Never ☐ Occasionally ☐ Most of the time ☐ All of the time ☐

How much of a problem is this for you?

Not a problem ☐ A bit of a problem ☐ Quite a problem ☐ A serious problem ☐

Does urine leak when you are opening or unlocking the door to your home?

Never ☐ Occasionally ☐ Most of the time ☐ All of the time ☐

How much of a problem is this for you?

Not a problem ☐ A bit of a problem ☐ Quite a problem ☐ A serious problem ☐

During the day, how many times do you urinate on average?

Up to 6 times ☐ 7 - 8 times ☐ 9 - 10 times ☐ 11 - 12 times ☐ 13 - 15 times ☐ 16 or more times ☐

How much of a problem is this for you?

Not a problem ☐ A bit of a problem ☐ Quite a problem ☐ A serious problem ☐

During the night, how many times do you have to get up to urinate, on average?

None ☐ 1 ☐ 2 ☐ 3 - 4 times ☐ 5 - 7 times ☐ 8 or more times ☐

How much of a problem is this for you?

Not a problem ☐ A bit of a problem ☐ Quite a problem ☐ A serious problem ☐

Does urine leak when you are asleep?

Never ☐ Occasionally ☐ Most of the time ☐ All of the time ☐

How much of a problem is this for you?

Not a problem ☐ A bit of a problem ☐ Quite a problem ☐ A serious problem ☐

Does urine leak when you cough?

Never ☐ Occasionally ☐ Most of the time ☐ All of the time ☐

How much of a problem is this for you?

Not a problem ☐ A bit of a problem ☐ Quite a problem ☐ A serious problem ☐

Does urine leak when you sneeze?

Never ☐ Occasionally ☐ Most of the time ☐ All of the time ☐

How much of a problem is this for you?

Not a problem ☐ A bit of a problem ☐ Quite a problem ☐ A serious problem ☐

Does urine leak when you exercise, lift things, jump or run?

Never ☐ Occasionally ☐ Most of the time ☐ All of the time ☐

How much of a problem is this for you?

Not a problem ☐ A bit of a problem ☐ Quite a problem ☐ A serious problem ☐

Does urine leak with movements such as standing up, bending down or getting dressed?

Never ☐ Occasionally ☐ Most of the time ☐ All of the time ☐

How much of a problem is this for you?

Not a problem ☐ A bit of a problem ☐ Quite a problem ☐ A serious problem ☐

Does urine leak when you are walking?

Never ☐ Occasionally ☐ Most of the time ☐ All of the time ☐

How much of a problem is this for you?

Not a problem ☐ A bit of a problem ☐ Quite a problem ☐ A serious problem ☐

Overall, how much do bladder or urinary problems interfere with your enjoyment of life?

Not at all ☐ A little ☐ Moderately ☐ A lot ☐

Do you have any bladder or urinary problems that interfere with physical activity? (E.g. walking, housework, exercise)

Not at all ☐ A little ☐ Moderately ☐ A lot ☐

Do you have any bladder or urinary problems that interfere with social activity? (E.g. visiting friends or family)

Not at all ☐ A little ☐ Moderately ☐ A lot ☐

Your Bowels

The following questions are about your bowels and any bowel problems you may have
Please answer as many questions as possible, thinking mainly about the last 4 weeks

Do you have any bowel problems or concerns?

Yes ☐ No ☐

How long have you had these problems or concerns?

Less than 6 months ☐ 6 – 12 months ☐ 1 - 2 years ☐ 2 - 5 years ☐ 5 - 10 years ☐ 10 or more years ☐

Are you willing to answer some questions about your bowels?

Yes ☐ No ☐

Do you ever get constipated?

Yes ☐ No ☐

How long have you been experiencing constipation?

Less than 6 months ☐ 6 – 12 months ☐ 1 - 2 years ☐ 2 - 5 years ☐ 5 - 10 years ☐ 10 or more years ☐

Do you have any difficulty with emptying your bowels?

Yes ☐ No ☐

How long have you had any difficulty emptying your bowels?

Less than 6 months ☐ 6 – 12 months ☐ 1 - 2 years ☐ 2 - 5 years ☐ 5 - 10 years ☐ 10 or more years ☐

Do you have any accidental leakage of flatus (wind) or stool (bowel movement)?

Yes ☐ No ☐

How long have you had accidental leakage of stool?

Less than 6 months ☐ 6 – 12 months ☐ 1 - 2 years ☐ 2 - 5 years ☐ 5 - 10 years ☐ 10 or more years ☐

**Do you notice much of a change in your stools (bowel movements) from day to day?
(E.g. changing between watery, soft or hard)**

Very little change ☐ A little change ☐ Moderate change ☐ Extreme change ☐

How much of a problem is this for you?

Not a problem ☐ A bit of a problem ☐ Quite a problem ☐ A serious problem ☐

How regular is your bowel habit?

Very regular ☐ Fairly regular ☐ Fairly irregular ☐ Very irregular ☐

How much of a problem is this for you?

Not a problem ☐ A bit of a problem ☐ Quite a problem ☐ A serious problem ☐

Do you experience abdominal (tummy) pain before you open your bowels?

Rarely or never ☐ Occasionally ☐ Most of the time ☐ All of the time ☐

How much of a problem is this for you?

Not a problem ☐ A bit of a problem ☐ Quite a problem ☐ A serious problem ☐

How often do your bowel movements contain mucus or slime?

Never ☐ Occasionally ☐ Most of the time ☐ All of the time ☐

How much of a problem is this for you?

Not a problem ☐ A bit of a problem ☐ Quite a problem ☐ A serious problem ☐

Do you experience abdominal bloating?

Rarely or never ☐ Occasionally ☐ Most of the time ☐ All of the time ☐

How much of a problem is this for you?

Not a problem ☐ A bit of a problem ☐ Quite a problem ☐ A serious problem ☐

How often are your stools watery or sloppy?

Rarely or never ☐ Occasionally ☐ Most of the time ☐ All of the time ☐

How much of a problem is this for you?

Not a problem ☐ A bit of a problem ☐ Quite a problem ☐ A serious problem ☐

How often are your stools hard?

Rarely or never ☐ Occasionally ☐ Most of the time ☐ All of the time ☐

How much of a problem is this for you?

Not a problem ☐ A bit of a problem ☐ Quite a problem ☐ A serious problem ☐

How often do you have your bowels open on average?

Once a day or more ☐ Every other day ☐ About twice a week ☐ Once a week or less ☐

How much of a problem is this for you?

Not a problem ☐ A bit of a problem ☐ Quite a problem ☐ A serious problem ☐

Do you use laxatives?

Never ☐ Less than once a week ☐ More than once a week ☐ Every day ☐

Are your motions usually...

Watery ☐ Sloppy ☐ Soft and formed ☐ Hard ☐

How much of a problem is this for you?

Not a problem ☐ A bit of a problem ☐ Quite a problem ☐ A serious problem ☐

Do you feel that you cannot completely empty your bowels?

Never ☐ Occasionally ☐ Most of the time ☐ All of the time ☐

How much of a problem is this for you?

Not a problem ☐ A bit of a problem ☐ Quite a problem ☐ A serious problem ☐

Do you have to strain to open your bowels?

Never ☐ Occasionally ☐ Most of the time ☐ All of the time ☐

How much of a problem is this for you?

Not a problem ☐ A bit of a problem ☐ Quite a problem ☐ A serious problem ☐

Do you find it painful to have your bowels open?

Never ☐ Occasionally ☐ Most of the time ☐ All of the time ☐

How much of a problem is this for you?

Not a problem ☐ A bit of a problem ☐ Quite a problem ☐ A serious problem ☐

How long do you spend in the toilet, on average for each bowel action?

Less than 5 minutes ☐ 5 – 10 minutes ☐ 10 – 20 minutes ☐ More than 20 minutes ☐

How much of a problem is this for you?

Not a problem ☐ A bit of a problem ☐ Quite a problem ☐ A serious problem ☐

Do you have to support your back passage or vagina with your finger to help empty your bowels?

Never ☐ Occasionally ☐ Most of the time ☐ All of the time ☐

How much of a problem is this for you?

Not a problem ☐ A bit of a problem ☐ Quite a problem ☐ A serious problem ☐

Do you have to put a finger into your back passage to help empty your bowels?

Never ☐ Occasionally ☐ Most of the time ☐ All of the time ☐

How much of a problem is this for you?

Not a problem ☐ A bit of a problem ☐ Quite a problem ☐ A serious problem ☐

Do you have the urge to open your bowels but are unable to pass a stool (bowel movement)?

Never ☐ Occasionally ☐ Most of the time ☐ All of the time ☐

How much of a problem is this for you?

Not a problem ☐ A bit of a problem ☐ Quite a problem ☐ A serious problem ☐

Do you feel that you have reduced sensation or feeling in your back passage?

Not at all ☐ A little ☐ Moderately ☐ A lot ☐

How much of a problem is this for you?

Not a problem ☐ A bit of a problem ☐ Quite a problem ☐ A serious problem ☐

Do you have accidental leakage of liquid stool?

Never ☐ Occasionally ☐ Most of the time ☐ All of the time ☐

How much of a problem is this for you?

Not a problem ☐ A bit of a problem ☐ Quite a problem ☐ A serious problem ☐

Do you have accidental leakage of wind (flatus)?

Never ☐ Occasionally ☐ Most of the time ☐ All of the time ☐

How much of a problem is this for you?

Not a problem ☐ A bit of a problem ☐ Quite a problem ☐ A serious problem ☐

Do you have accidental leakage of solid stool?

Never ☐ Occasionally ☐ Most of the time ☐ All of the time ☐

How much of a problem is this for you?

Not a problem ☐ A bit of a problem ☐ Quite a problem ☐ A serious problem ☐

Do you leak stool for no obvious reason and without the feeling that you want to go to the toilet?

Never ☐ Occasionally ☐ Most of the time ☐ All of the time ☐

How much of a problem is this for you?

Not a problem ☐ A bit of a problem ☐ Quite a problem ☐ A serious problem ☐

Do you have to rush to the toilet to open your bowels?

Never ☐ Occasionally ☐ Most of the time ☐ All of the time ☐

How much of a problem is this for you?

Not a problem ☐ A bit of a problem ☐ Quite a problem ☐ A serious problem ☐

Does stool leak before you can get to the toilet?

Never ☐ Occasionally ☐ Most of the time ☐ All of the time ☐

How much of a problem is this for you?

Not a problem ☐ A bit of a problem ☐ Quite a problem ☐ A serious problem ☐

Can you hold onto your bowel movements for more than 5 minutes?

Never ☐ Occasionally ☐ Most of the time ☐ All of the time ☐

How much of a problem is this for you?

Not a problem ☐ A bit of a problem ☐ Quite a problem ☐ A serious problem ☐

Do you wear a pad or panty liner because of leakage of stool?

Never ☐ Occasionally ☐ Most of the time ☐ All of the time ☐

How much of a problem is this for you?

Not a problem ☐ A bit of a problem ☐ Quite a problem ☐ A serious problem ☐

Overall, how much do bowel problems interfere with your enjoyment of life?

Not at all ☐ A little ☐ Moderately ☐ A lot ☐

Do you have any bowel problems that interfere with physical activity? (E.g. walking, housework, exercise)

Not at all ☐ A little ☐ Moderately ☐ A lot ☐

Do you have any bowel problems that interfere with social activity? (E.g. visiting friends or family)

Not at all ☐ A little ☐ Moderately ☐ A lot ☐

Your Vagina

The following questions are about your vagina (front passage) and the area around this
Please answer as many questions as possible, thinking mainly about the last 4 weeks

Do you have any concerns or problems with your vagina or pelvic area?

Yes ☐ No ☐

How long have you had these problems or concerns?

Less than 6 months ☐ 6 – 12 months ☐ 1 - 2 years ☐ 2 - 5 years ☐ 5 - 10 years ☐ 10 or more years ☐

Are you willing to answer some questions about your vagina (front passage) or pelvic area?

Yes ☐ No ☐

Do you feel embarrassed about the appearance of your pelvic area? (Your pubic area, vagina, anus and areas around these)

Not at all ☐ A little ☐ Moderately ☐ A lot ☐

How much of a problem is this for you?

Not a problem ☐ A bit of a problem ☐ Quite a problem ☐ A serious problem ☐

Do you feel unhappy about scarring of your pelvic area?

Not at all ☐ A little ☐ Moderately ☐ A lot ☐

How much of a problem is this for you?

Not a problem ☐ A bit of a problem ☐ Quite a problem ☐ A serious problem ☐

Does the appearance of your pelvic area make you feel less attractive?

Not at all ☐ A little ☐ Moderately ☐ A lot ☐

How much of a problem is this for you?

Not a problem ☐ A bit of a problem ☐ Quite a problem ☐ A serious problem ☐

Do you feel unhappy to look at your pelvic area yourself?

Not at all ☐ A little ☐ Moderately ☐ A lot ☐

How much of a problem is this for you?

Not a problem ☐ A bit of a problem ☐ Quite a problem ☐ A serious problem ☐

Are you unhappy about the smell or odour of your pelvic area?

Not at all ☐ A little ☐ Moderately ☐ A lot ☐

How much of a problem is this for you?

Not a problem ☐ A bit of a problem ☐ Quite a problem ☐ A serious problem ☐

Do you ever have any vaginal soreness or pain?

Yes ☐ No ☐

How long have you had this soreness or pain?

Less than 6 months ☐ 6 – 12 months ☐ 1 - 2 years ☐ 2 - 5 years ☐ 5 - 10 years ☐ 10 or more years ☐

Do you feel that your vagina is too dry?

Never ☐ Occasionally ☐ Most of the time ☐ All of the time ☐

How much of a problem is this for you?

Not a problem ☐ A bit of a problem ☐ Quite a problem ☐ A serious problem ☐

Are you aware of soreness in your vagina?

Never ☐ Occasionally ☐ Most of the time ☐ All of the time ☐

How much of a problem is this for you?

Not a problem ☐ A bit of a problem ☐ Quite a problem ☐ A serious problem ☐

Do you feel that you have reduced sensation or feeling in your vagina?

Not at all ☐ A little ☐ Moderately ☐ A lot ☐

How much of a problem is this for you?

Not a problem ☐ A bit of a problem ☐ Quite a problem ☐ A serious problem ☐

Are you aware of dragging pain in your lower abdomen (tummy)?

Never ☐ Occasionally ☐ Most of the time ☐ All of the time ☐

How much of a problem is this for you?

Not a problem ☐ A bit of a problem ☐ Quite a problem ☐ A serious problem ☐

Do you ever feel that your vagina is too tight or too short?

Yes ☐ No ☐

How long have you felt this?

Less than 6 months ☐ 6 – 12 months ☐ 1 - 2 years ☐ 2 - 5 years ☐ 5 - 10 years ☐ 10 or more years ☐

Do you feel that the entrance to your vagina is too tight or too narrow?

Not at all ☐ A little ☐ Moderately ☐ A lot ☐

How much of a problem is this for you?

Not a problem ☐ A bit of a problem ☐ Quite a problem ☐ A serious problem ☐

Do you feel that the inside of your vagina is too tight or too narrow?

Not at all ☐ A little ☐ Moderately ☐ A lot ☐

How much of a problem is this for you?

Not a problem ☐ A bit of a problem ☐ Quite a problem ☐ A serious problem ☐

Do you feel that the inside of your vagina is too short in its length?

Not at all ☐ A little ☐ Moderately ☐ A lot ☐

How much of a problem is this for you?

Not a problem ☐ A bit of a problem ☐ Quite a problem ☐ A serious problem ☐

Do you ever have a lump or bulge that comes down in your vagina? (Prolapse)

Yes ☐ No ☐

How long have you felt this lump or bulge?

Less than 6 months ☐ 6 – 12 months ☐ 1 - 2 years ☐ 2 - 5 years ☐ 5 - 10 years ☐ 10 or more years ☐

Do you feel that something is dropping down inside your lower abdomen or vagina?

Never ☐ Occasionally ☐ Most of the time ☐ All of the time ☐

How much of a problem is this for you?

Not a problem ☐ A bit of a problem ☐ Quite a problem ☐ A serious problem ☐

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

Not at all ☐ A little ☐ Moderately ☐ A lot ☐

How much of a problem is this for you?

Not a problem ☐ A bit of a problem ☐ Quite a problem ☐ A serious problem ☐

Do you feel a lump or bulge coming down in your vagina?

Never ☐ Occasionally ☐ Most of the time ☐ All of the time ☐

How much of a problem is this for you?

Not a problem ☐ A bit of a problem ☐ Quite a problem ☐ A serious problem ☐

Do you feel a lump or bulge that comes out of your vagina altogether, so that you can feel it or see it on the outside?

Never ☐ Occasionally ☐ Most of the time ☐ All of the time ☐

How much of a problem is this for you?

Not a problem ☐ A bit of a problem ☐ Quite a problem ☐ A serious problem ☐

Overall, how much do vaginal problems interfere with your enjoyment of life?

Not at all ☐ A little ☐ Moderately ☐ A lot ☐

Do you have any vaginal problems that interfere with physical activity? (E.g. walking, housework, exercise)

Not at all ☐ A little ☐ Moderately ☐ A lot ☐

Do you have any vaginal problems that interfere with social activity? (E.g. visiting friends or family)

Not at all ☐ A little ☐ Moderately ☐ A lot ☐

Sexual matters

The following questions are about your sex life and feelings. Some questions may not be relevant, but others may be important. Think about your sex life and feelings over recent months

Are you currently sexually active?

Yes ☐ No ☐ Prefer not to answer ☐

How important is it for you to be sexually active?

Not important ☐ Slightly important ☐ Quite important ☐ Very important ☐

Are you willing to answer some further questions about your sex life and feelings?

Yes ☐ No ☐

Overall, how much do bladder or urinary problems interfere with your sex life?

Not at all ☐ A little ☐ Moderately ☐ A lot ☐

How much of a problem is this for you?

Not a problem ☐ A bit of a problem ☐ Quite a problem ☐ A serious problem ☐

Do you avoid sexual activity because of your bladder or urinary problems?

Never ☐ Occasionally ☐ Most of the time ☐ All of the time ☐

How much of a problem is this for you?

Not a problem ☐ A bit of a problem ☐ Quite a problem ☐ A serious problem ☐

Do you feel that your partner avoids sexual activity with you because of your bladder or urinary problems?

Never ☐ Occasionally ☐ Most of the time ☐ All of the time ☐

How much of a problem is this for you?

Not a problem ☐ A bit of a problem ☐ Quite a problem ☐ A serious problem ☐

Do worries about your bladder or urinary problems interfere with your sex life?

Not at all ☐ A little ☐ Moderately ☐ A lot ☐

Does urine leak when you have sexual intercourse?

Never ☐ Occasionally ☐ Most times ☐ Every time ☐

How much of a problem is this for you?

Not a problem ☐ A bit of a problem ☐ Quite a problem ☐ A serious problem ☐

Do you leak urine when you have an orgasm?

Never ☐ Occasionally ☐ Most times ☐ Every time ☐

How much of a problem is this for you?

Not a problem ☐ A bit of a problem ☐ Quite a problem ☐ A serious problem ☐

Does urine leak at the start of sexual intercourse? (i.e. on penetration)

Never ☐ Occasionally ☐ Most times ☐ Every time ☐

How much of a problem is this for you?

Not a problem ☐ A bit of a problem ☐ Quite a problem ☐ A serious problem ☐

Do you experience cystitis (urinary infections) following sexual intercourse?

Never ☐ Occasionally ☐ Most times ☐ Every time ☐

How much of a problem is this for you?

Not a problem ☐ A bit of a problem ☐ Quite a problem ☐ A serious problem ☐

Overall, how much do bowel problems interfere with your sex life?

Not at all ☐ A little ☐ Moderately ☐ A lot ☐

How much of a problem is this for you?

Not a problem ☐ A bit of a problem ☐ Quite a problem ☐ A serious problem ☐

Do you avoid sexual activity because of your bowel problems?

Never ☐ Occasionally ☐ Most of the time ☐ All of the time ☐

How much of a problem is this for you?

Not a problem ☐ A bit of a problem ☐ Quite a problem ☐ A serious problem ☐

Do you feel that your partner avoids sexual activity with you because of your bowel problems?

Never ☐ Occasionally ☐ Most of the time ☐ All of the time ☐

How much of a problem is this for you?

Not a problem ☐ A bit of a problem ☐ Quite a problem ☐ A serious problem ☐

Do worries about your bowels interfere with your sex life?

Not at all ☐ A little ☐ Moderately ☐ A lot ☐

Do you leak wind from your bowel when you have sexual intercourse?

Never ☐ Occasionally ☐ Most times ☐ Every time ☐

How much of a problem is this for you?

Not a problem ☐ A bit of a problem ☐ Quite a problem ☐ A serious problem ☐

Do you leak stool from your bowel when you have sexual intercourse?

Never ☐ Occasionally ☐ Most times ☐ Every time ☐

How much of a problem is this for you?

Not a problem ☐ A bit of a problem ☐ Quite a problem ☐ A serious problem ☐

Overall, how much do vaginal problems interfere with your sex life?

Not at all ☐ A little ☐ Moderately ☐ A lot ☐

How much of a problem is this for you?

Not a problem ☐ A bit of a problem ☐ Quite a problem ☐ A serious problem ☐

Do you avoid sexual activity because of vaginal problems?

Never ☐ Occasionally ☐ Most of the time ☐ All of the time ☐

How much of a problem is this for you?

Not a problem ☐ A bit of a problem ☐ Quite a problem ☐ A serious problem ☐

Do you feel that your partner avoids sexual activity with you because of your vaginal problems?

Never ☐ Occasionally ☐ Most of the time ☐ All of the time ☐

How much of a problem is this for you?

Not a problem ☐ A bit of a problem ☐ Quite a problem ☐ A serious problem ☐

Do worries about your vagina interfere with your sex life?

Not at all ☐ A little ☐ Moderately ☐ A lot ☐

Do you feel that your vagina is too dry during sexual activity?

Not at all ☐ A little ☐ Moderately ☐ A lot ☐

How much of a problem is this for you?

Not a problem ☐ A bit of a problem ☐ Quite a problem ☐ A serious problem ☐

Do you feel that your vagina lacks sensation during sexual activity?

Not at all ☐ A little ☐ Moderately ☐ A lot ☐

How much of a problem is this for you?

Not a problem ☐ A bit of a problem ☐ Quite a problem ☐ A serious problem ☐

Do you experience discomfort or pain during sexual intercourse?

Never ☐ Occasionally ☐ Most of the time ☐ All of the time ☐

How much of a problem is this for you?

Not a problem ☐ A bit of a problem ☐ Quite a problem ☐ A serious problem ☐

Do you feel that your vagina is too tight during sexual intercourse?

Never ☐ Occasionally ☐ Most of the time ☐ All of the time ☐

How much of a problem is this for you?

Not a problem ☐ A bit of a problem ☐ Quite a problem ☐ A serious problem ☐

Do you get the feeling that there is something in the way inside your vagina during sexual intercourse?

Never ☐ Occasionally ☐ Most of the time ☐ All of the time ☐

How much of a problem is this for you?

Not a problem ☐ A bit of a problem ☐ Quite a problem ☐ A serious problem ☐

Overall, how much do sexual problems interfere with your enjoyment of life?

Not at all ☐ A little ☐ Moderately ☐ A lot ☐

Do you feel that you have lost interest in sex?

Not at all ☐ A little ☐ Moderately ☐ A lot ☐

How much of a problem is this for you?

Not a problem ☐ A bit of a problem ☐ Quite a problem ☐ A serious problem ☐

Overall, how satisfied are you with your sex life?

Not at all ☐ A little ☐ Moderately ☐ A lot ☐

Do problems with your health in general interfere with your sex life?

Not at all ☐ A little ☐ Moderately ☐ A lot ☐

How much of a problem is this for you?

Not a problem ☐ A bit of a problem ☐ Quite a problem ☐ A serious problem ☐

Does your partner avoid sexual activity with you because of problems with their own health?

Never ☐ Occasionally ☐ Most of the time ☐ All of the time ☐

How much of a problem is this for you?

Not a problem ☐ A bit of a problem ☐ Quite a problem ☐ A serious problem ☐

General

The following general questions are about your personal circumstances, any treatment you have had and any concerns, comments or questions you may have about your condition and care

Are you completing this questionnaire as part of follow-up after medical or surgical treatment for a pelvic floor condition?

Yes ☐ No ☐

Please record below the treatment that you had and the date on which this was carried out or started

How would you describe how your condition is now, compared with how you were before your most recent treatment?

Very much better ☐ Much better ☐ A little better ☐ No change ☐ A little worse ☐ Much worse ☐ Very much worse ☐

How many children have you had?

Number _____ Prefer not to answer ☐

How many other pregnancies have you had?

Number _____ Prefer not to answer ☐

What is your height? (Please record this either in feet & inches or metres)

Height in feet & inches ____ ft / ____ in or Height in metres ____ . ____ m

What is your weight? (Please record this either in stones and pounds, or in kilograms)

Weight in stones and pounds ____ st / ____ lb or Weight in kilograms _____ kg

Considering the issues that currently concern you the most, what are you hoping to achieve from any help, advice or treatment? Please record these in order in the 3 boxes below, putting the most important first

Thinking about any pelvic floor problems that you currently have... Do you have any questions you wish to ask about your condition or treatment? Please record these in order in the 3 boxes below, putting the most important first

Thinking about the care you have received for your pelvic floor condition

Overall, how was your experience of this service?

Very good ☐ Good ☐ Neither good nor poor ☐ Poor ☐ Very poor ☐ Don't know ☐

Please can you tell us why you gave your answer?

Please tell us about anything that we could have done better

You have now completed the questionnaire, thank you. Your answers will be treated confidentially and aim help to you and those who may be involved in providing your care. The information may also be of help in research and evaluations of services and care provided. Are you willing to allow confidential use of your answers to this questionnaire for appropriately approved and regulated research, audit or service evaluation projects?

Yes ☐ No ☐