

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