

Pelvic Floor Impact Questionnaire

Name: _____ Date: _____

How do symptoms / conditions related to the following usually affect you?

Choose the most appropriate answer.

N=Not at all S= Somewhat M= Moderately Q== Quite a bit

Bladder/Urine Bowel/Rectum Pelvis/Genitals

1	Ability to do household chores (cooking, housecleaning, laundry)?	N	S	M	Q	N	S	M	Q	N	S	M	Q
2	Ability to do usual maintenance or repair work in your home or yard?	N	S	M	Q	N	S	M	Q	N	S	M	Q
3	Shopping activities?	N	S	M	Q	N	S	M	Q	N	S	M	Q
4	Hobbies and pastime activities?	N	S	M	Q	N	S	M	Q	N	S	M	Q
5	Ability to do physical activities such as walking, swimming, or other exercise?	N	S	M	Q	N	S	M	Q	N	S	M	Q
6	Entertainment activities such as going to a movie or concert?	N	S	M	Q	N	S	M	Q	N	S	M	Q
7	Ability to travel by car or bus for distances less than 20 minutes away from home?	N	S	M	Q	N	S	M	Q	N	S	M	Q
8	Ability to travel by car or bus for distance greater than 20 minutes away from home?	N	S	M	Q	N	S	M	Q	N	S	M	Q
9	Going places if you are not sure about available restrooms?	N	S	M	Q	N	S	M	Q	N	S	M	Q
10	Going on vacation?	N	S	M	Q	N	S	M	Q	N	S	M	Q
11	Church or temple attendance?	N	S	M	Q	N	S	M	Q	N	S	M	Q
12	Employment (work) outside the home?	N	S	M	Q	N	S	M	Q	N	S	M	Q
13	Having friends visit you in your home?	N	S	M	Q	N	S	M	Q	N	S	M	Q
14	Participating in social activities outside your home?	N	S	M	Q	N	S	M	Q	N	S	M	Q
15	Relationship with friends?	N	S	M	Q	N	S	M	Q	N	S	M	Q
16	Relationship with family excluding husband/companion?	N	S	M	Q	N	S	M	Q	N	S	M	Q
17	Ability to have sexual relations?	N	S	M	Q	N	S	M	Q	N	S	M	Q
18	The way you dress?	N	S	M	Q	N	S	M	Q	N	S	M	Q
19	Emotional health?	N	S	M	Q	N	S	M	Q	N	S	M	Q
20	Physical health?	N	S	M	Q	N	S	M	Q	N	S	M	Q
21	Sleep?	N	S	M	Q	N	S	M	Q	N	S	M	Q
22	Nervousness or anxiety?	N	S	M	Q	N	S	M	Q	N	S	M	Q
23	Fear?	N	S	M	Q	N	S	M	Q	N	S	M	Q
24	Frustration?	N	S	M	Q	N	S	M	Q	N	S	M	Q
25	Anger?	N	S	M	Q	N	S	M	Q	N	S	M	Q