

PELVIC FLOOR QUESTIONNAIRE

Name: _____

Date of Birth: _____

URINARY INCONTINENCE

YES NO

Y N Do you have accidental loss of urine?

__yr __mo How many months or years have you had leakage of urine?

Y N Do you wear pads to absorb lost urine?

_____ If yes, what size pad do you wear?

_____ How many pads do you wear in a day?

_____ How many trips to the bathroom do you make during the day from the time you wake up in the morning until the time you go to sleep at night?

_____ How many times are you awakened during the night after going to sleep to urinate?

Y N Does an uncomfortably strong need to pass urine wake you up?

Y N Does the sound, sight or feel of running water cause you to lose urine?

Y N Do you lose urine during coughing, sneezing, running or heavy lifting?

Y N I lose urine with changes in posture, standing or walking.

Y N Do you lose urine during the act of intercourse at penetration?

Y N Do you lose urine during orgasm?

Y N I lose urine continuously such that I am constantly wet.

Y N Do you notice any dribbling or urine when you stand after passing your urine?

Y N Do you usually have difficulty starting your urine stream?

Y N Have you ever required catheterization for the inability to pass your urine?

Y N Do you ever feel that your bladder is not emptying completely after passing urine?

Y N Have you seen any blood in your urine?

Y N Do you have any burning with urination?

Y N Have you had 3 or more urinary tract infections in the last year?

Y N Have you seen a physician for complaints of urine loss?

Y N Have you had surgery to prevent urine loss?

Y N If yes, was it done through the vagina?

Y N Was it done through the abdomen?

Have you taken medicine to prevent urine loss?

Y N If yes, name the medication _____

GENITOURINARY PROLAPSE

- Y N Do you have a bulge or mass in your vagina?
_____ How many months or years have you had this bulge or mass?
- Y N Have you seen a doctor for this bulge or mass in your vagina?
- Y N Have you worn a pessary for this problem?
_____ If yes, how many months or years have you worn this pessary?
- Y N Have you had surgery in the past for a bulge or mass in the vagina?

FECAL INCONTINENCE

- Y N Do you have accidental loss of solid stool?
- Y N Do you have accidental loss of liquid stool?
- Y N Do you have accidental loss of gas?
- __yr __mo How many months or years have you had accidental loss of stool or gas?
- Y N Have you seen a doctor for this problem?
- Y N Did the problem with accidental loss of stool begin after childbirth?
- Y N Did you wear protective pads for this problem?
_____ If yes, what size pad do you wear?
_____ How many pads do you wear each day?
- Y N Are you able to sense the need to have a bowel movement?
- Y N Are you able to tell the difference between solid stool/liquid stool/gas?
- Y N Do you have a frequent desire to have a bowel movement?
- Y N Do you feel that your bowels are never completely empty?
- Y N Have you had surgery for this problem?
- Y N Has there been a change in your bowel habits recently?
- Y N Have you noticed any bright red bleeding with your bowel movements?
- Y N Have you noticed black or “tarry” stools?
- Y N Are your bowel movements painful?

CONSTIPATION

- Y N Do you have constipation?
- Y N Do you excessively strain to pass stool more than 25% of the time?
- Y N Do you have less than three bowel movements each week?
- Y N Do you pass hard, small stool?
- __yr __mo How many months or years have you had constipation?
- Y N Have you seen a doctor for this problem?
- Y N Do you use any medication or over the counter products for constipation?
If yes, what have you used? _____
- Y N Have you had surgery for this problem?
- Y N Have you ever placed your hand or fingers in your vagina or between your
vagina and rectum to help bring about a bowel movement?
- Y N Do you have a feeling of incomplete emptying after bowel movements?

PAST SURGICAL HISTORY

- Y N Have you had prior bladder surgery?
- Y N Have you had hysterectomy?
- Y N Are you on any bladder medication?
If yes, what medication and for how long?
