PELVIC FLOOR DYSFUNCTION QUESTIONNAIRE

Patient Name: _____ Date: _____

This form has 3 sections: I. Bladder Problems, II. Bowel Problems, III. Pelvic Pain Problems. Complete the section(s) that apply to your symptoms, and check the applicable line to indicate if you have no symptoms.

SECTION I. BLADDER PROBLEMS

Check all that apply:

___ I have NO bladder problems (you may skip this section).

1. ___ I have urine leakage with cough, sneeze, laugh, or exercise.
2. ___ I have urine leakage before I am ready to go, such as on the way to the restroom.
3. ___ I wear pads to protect from leaking. ___ Daily ___Sometimes: _____
4. ___ I have urine leakage with intercourse.
5. ___ I sometimes feel I am unable to completely empty my bladder.
6. ___ I sometimes feel the urge to urinate immediately after emptying my bladder.
7. ___ I have bladder pain.
8. ___ I have pain with urination.
9. Number of times you need to urinate during the day: _____
10. Number of times you get up at night to urinate: _____
11. How long have you suffered the above bladder problems? _____
12. List any previous bladder treatments, meds, or surgeries: _____
13. List any additional bladder problems or comments: _____

_____

_____

SECTION II. BOWEL PROBLEMS

Check all that apply:

___ I have NO bowel problems (you may skip this section).

1. ___ I have fecal leakage, and I know when it happens.
2. ___ I have fecal leakage, and don't perceive it at the time it happens.
3. ___ I have only fecal smearing (small amount of leak), not full incontinence of stool.
4. ___ I sometimes have full fecal incontinence.
5. ___ I often have diarrhea (runny or watery stool).
6. ___ I have problems with fecal urgency – a need to get to the restroom quickly.
7. ___ I have pain with bowel emptying. ___ Pain before BM ___ Pain during BM ___ Pain after BM
8. ___ I have problems with constipation.
9. ___ I have been diagnosed with Irritable Bowel Syndrome (IBS).
10. List any medications you have taken for IBS: _____
11. How long have you suffered the above problems? _____
12. List any additional bowel problems or comments: _____

_____

_____

SECTION III. PELVIC PAIN PROBLEMS

___ I have NO pelvic pain problems (you may skip this section).

1. Describe your pelvic pain, including specific location(s) of pain: _____

_____

_____

_____

2. What do you think is causing your pain? _____

3. Is there an event you associate with the onset of your pain? ___ No ___ Yes
   If Yes, what event? _____

4. How long have you had this pain? _____

5. Is the pain constant or intermittent? _____

6. Do you have pain every day? ___ 1-2 Days/wk ___ 3-4 Days/wk ___ 5-6 Days/wk ___ 7 Days/wk

7. How long does the pain last? _____

8. Is the pain related to your menstrual cycle? ___ Before ___ During ___ After ___ Not related to cycle

9. What helps your pain? _____ What makes it worse? _____

10. Have you had problems with pelvic exams? _____ Problems with use of tampons?_____

11. Do you have pain with intercourse? ___ No (skip to question 14). ___ Yes. Please describe further:

    ___ External ___ At vaginal opening ___ Vaginal walls ___ Deep in vagina

    ___ Internal pelvis/abdomen ___Worse with orgasm ___Relieved with orgasm

12. Does pain continue after intercourse? ___ No ___ Yes. If Yes, how long? _____

13. Does pain make intercourse impossible? _____

14. Do you have vaginal dryness? ___ No ___ Yes – Does lubricant help? _____

15. How would you describe your pain?

    ___ Throbbing ___ Shooting ___Stabbing ___ Sharp ___ Dull

    ___ Burning ___ Pulling ___ Tearing ___ Cramping ___ Aching

16. Describe the severity of your pain by writing a numeral 1-10 next to each time of day:

    ___ Morning ___ Daytime ___ Evening ___ Through the Night

17. List all current and previous medications for pain: _____

18. List all previous therapies or surgeries for pain: _____

19. Have you been diagnosed with any of the following conditions? Check all that apply:

___ Endometriosis
___ Pelvic Inflammatory Disease (PID)
___ Ectopic pregnancy
___ Childhood frequent bladder infections
___ Adult frequent bladder infections
___ Frequent bladder infection symptoms with negative urine culture results
___ Recurrent vaginal infections or vaginal discharge

20. As a child or adult, have you been the victim of physical abuse? ___ No ___ Yes

21. As a child or adult, have you been the victim of sexual abuse? ___ No ___ Yes