

PELVIC FLOOR DYSFUNCTION QUESTIONNAIRE

Patient Name: _____

Date: _____

This form has 3 sections: I. Bladder Problems, II. Bowel Problems, III. Pelvic Pain (or Prolapse) Problems. You need only complete the section(s) that apply to your 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 sometimes have to use my fingers to push on the vagina or close to the anus in order to empty my rectum.
10. ☐ I have been diagnosed with Irritable Bowel Syndrome (IBS).
11. List any medications you have taken for IBS: _____
12. How long have you suffered the above problems? _____
13. List any additional bowel problems or comments: _____

SECTION III. PELVIC PAIN or PELVIC PROLAPSE PROBLEMS

☐ I have NO pelvic pain or pelvic prolapse 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? If Yes, what? _____
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:
☐ Skin / Vaginal opening ☐ Vaginal walls ☐ Deep in vagina ☐ Internal pelvis/abdomen ☐ Better/Worse at 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
☐ Recurrent vaginal infections
☐ Pelvic prolapse, cystocele, or rectocele
20. Have you noticed tissue protruding or bulging out of your vagina? ☐ No ☐ Yes - Describe below

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