

Pelvic Floor Questionnaire

Bladder Questions

Stress Incontinence: Do you leak of urine when you :

Stand up?	Y	N
Cough, sneeze or laugh?	Y	N
Lift objects	Y	N
Exercise	Y	N

Urge Incontinence: Do you leak of urine:

When you have a strong urge to urinate?	Y	N
On the way to the bathroom?	Y	N
While putting your key in the door?	Y	N
While trying to undress at the toilet?	Y	N
When you hear, see or feel water?	Y	N

Voiding Pattern

Difficulty initiating a urine stream?	Y	N
Difficulty stopping your stream?	Y	N
Pain or burning during urination?	Y	N
Blood in your urine?	Y	N
Do you need to strain to empty your bladder?	Y	N

Fluid Intake:

Water: # cups per day? _____

Bladder Irritants: (coffee, tea, cocoa) # of cups per day?

Number of carbonated drinks? _____

Number of acidic drinks/day? _____

Number of alcoholic drinks/week? _____

On average how often do you empty your bladder?

Every hour or less ___ Between 1-2 hours ___

Between 2-3 hours ___ Between 3-4 hours ___ > 4

hours ___

I wake up to empty my bladder _____ times per night.

Average yearly urinary tract infections? _____

When did you first experience incontinence? _____

Previous Treatment for incontinence:

Have you done exercise to control urine loss? (ie Kegels) Y N

Has your doctor prescribed medication to treat urine loss Y N

Have you had any surgical procedures to treat urine loss? Y N

What type of protective devices do you use? (check all that apply)

Panty liner ____ sanitary pad: mini ____ maxi ____
Incontinence pad or brief ____ # of pads per day? ____

Bowel Habits:

Frequency of BM: ____day ____week

Straining Y N

Do you experience fecal incontinence? Y N

Do you often use laxatives? Y N

How often? _____

Do you use enemas? Y N

How often? _____

Do you include fiber? Y N

Types: _____

Pelvic & Back Pain:

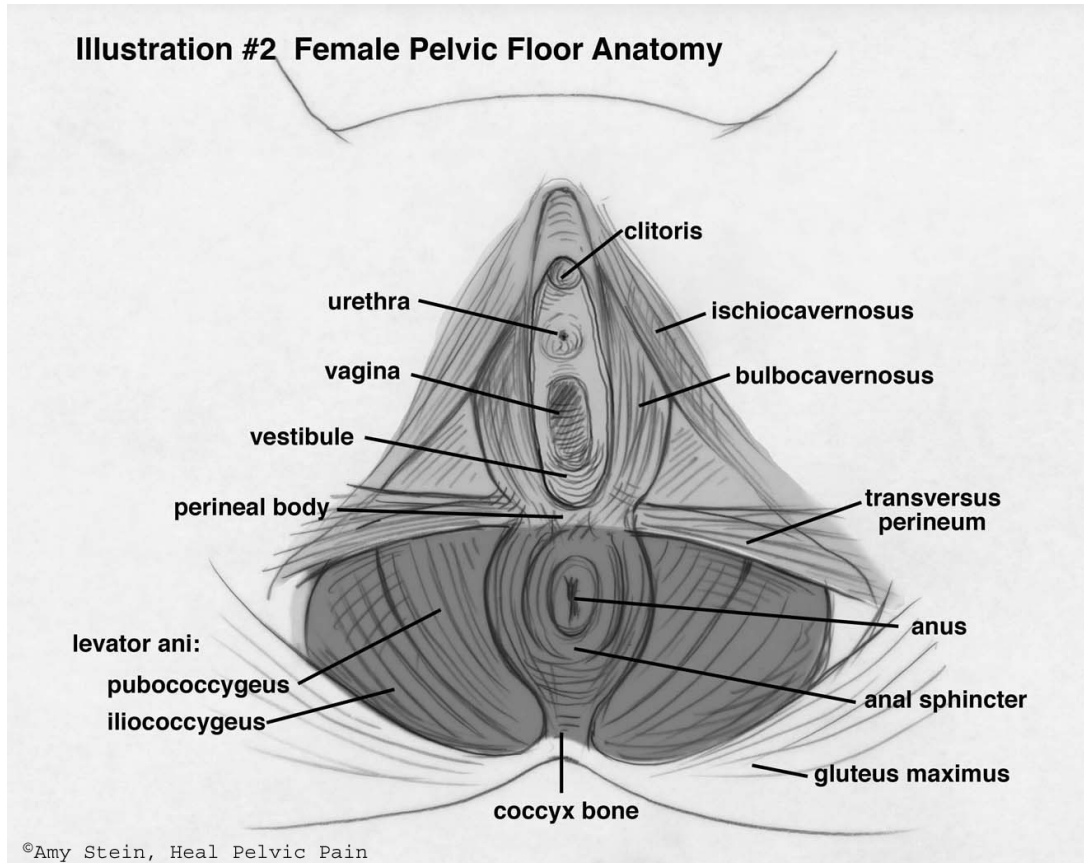
Do you experience pain during sexual relations or intercourse? Y N

Do you experience pain in the lower abdomen or perineum? Y N

Do you experience back pain? Y N

Do you experience heaviness or pressure on your perineum? Y N

Mark with an "x" where you have pain:



Patient Name: _____

Date: _____

Pelvic Organ Prolapse Distress Inventory 6 (POPDI-6):

	NO	YES <i>If yes, how much does it bother you?</i>			
	No	Not at all	Somewhat	Moderately	Quite a bit
1. Usually experience <i>pressure</i> in the lower abdomen?	0	1	2	3	4
2. Usually experience <i>heaviness</i> or <i>dullness</i> in the pelvic area?	0	1	2	3	4
3. Usually have a bulge or something falling out that you can see or feel in your vaginal area?	0	1	2	3	4
4. Ever have to push on the vagina or around the rectum to have or complete a bowel movement?	0	1	2	3	4
5. Usually experience a feeling of incomplete bladder emptying?	0	1	2	3	4
6. Ever have to push up on a bulge in the vaginal area with your fingers to start or complete urination?	0	1	2	3	4

Colorectal-Anal Distress Inventory 8 (CRADI-8):

	No	Not at all	Somewhat	Moderately	Quite a bit
7. Feel you need to strain too hard to have a bowel movement?	0	1	2	3	4
8. Feel you have not completely emptied your bowels at the end of a bowel movement?	0	1	2	3	4
9. Usually lose stool beyond your control if your stool is well formed?	0	1	2	3	4
10. Usually lose stool beyond your control if your stool is loose?	0	1	2	3	4
11. Usually lose gas from the rectum beyond your control?	0	1	2	3	4
12. Usually have pain when you pass your stool?	0	1	2	3	4
13. Experience a strong sense of urgency and have to rush to the bathroom to have a bowel movement?	0	1	2	3	4
14. Does part of your bowel ever pass through the rectum and bulge outside during or after a bowel movement?	0	1	2	3	4

Urinary Distress Inventory 6 (UDI-6):

	No	Not at all	Somewhat	Moderately	Quite a bit
15. Usually experience frequent urination?	0	1	2	3	4
16. Usually experience urine leakage associated with a feeling of urgency, that is, a strong sensation of need to go to the bathroom?	0	1	2	3	4
17. Usually experience urine leakage related to coughing, sneezing, or laughing?	0	1	2	3	4
18. Usually experience small amounts of urine leakage (that is, drops)?	0	1	2	3	4
19. Usually experience difficulty emptying your bladder?	0	1	2	3	4
20. Usually experience <i>pain</i> or <i>discomfort</i> in the lower abdomen or genital region?	0	1	2	3	4

VULVAR PAIN FUNCTIONAL QUESTIONNAIRE (V-Q)

These are statements about how your pelvic pain affects your everyday life. Please check one box for each item below, choosing the one that best describes your situation. Some of the statements deal with personal subjects. These statements are included because they will help your health care provider design the best treatment for you and measure your progress during treatment. Your responses will be kept completely confidential at all times.

1. Because of my pelvic pain
 - 3 I can't wear tight-fitting clothing like pantyhose that puts any pressure over my painful area.
 - 2 I can wear closer fitting clothing as long as it only puts a little bit of pressure over my painful area.
 - 1 I can wear whatever I like most of the time, but every now and then I feel pelvic pain caused by pressure from my clothing.
 - 0 I can wear whatever I like; I never have pelvic pain because of clothing.

2. My pelvic pain
 - 3 Gets worse when I walk, so I can only walk far enough to move around in my house, no further.
 - 2 Gets worse when I walk. I can walk a short distance outside the house, but it is very painful to walk far enough to get a full load of groceries in a grocery store.
 - 1 Gets a little worse when I walk. I can walk far enough to do my errands, like grocery shopping, but it would be very painful to walk longer distances for fun or exercise.
 - 0 My pain does not get worse with walking; I can walk as far as I want to
 - 0 I have a hard time walking because of another medical problem, but pelvic pain doesn't make it hard to walk.

3. My pelvic pain
 - 3 Gets worse when I sit, so it hurts too much to sit any longer than 30 minutes at a time.
 - 2 Gets worse when I sit. I can sit for longer than 30 minutes at a time, but it is so painful that it is difficult to do my job or sit long enough to watch a movie.
 - 1 Occasionally gets worse when I sit, but most of the time sitting is comfortable.
 - 0 My pain does not get worse with sitting, I can sit as long as I want to.
 - 0 I have trouble sitting for very long because of another medical problem, but pelvic pain doesn't make it hard to sit.

4. Because of pain pills I take for my pelvic pain
 - 3 I am sleepy and I have trouble concentrating at work or while I do housework.
 - 2 I can concentrate just enough to do my work, but I can't do more, like go out in the evenings.
 - 1 I can do all of my work, and go out in the evening if I want, but I feel out of sorts.
 - 0 I don't have any problems with the pills that I take for pelvic pain.
 - 0 I don't take pain pills for my pelvic pain.

5. Because of my pelvic pain
 - 3 I have very bad pain when I try to have a bowel movement, and it keeps hurting for at least 5 minutes after I am finished.
 - 2 It hurts when I try to have a bowel movement, but the pain goes away when I am finished.
 - 1 Most of the time it does not hurt when I have a bowel movement, but every now and then it does.
 - 0 It never hurts from my pelvic pain when I have a bowel movement.



6. Because of my pelvic pain
- 3 I don't get together with my friends or go out to parties or events.
 - 2 I only get together with my friends or go out to parties or events every now and then.
 - 1 I usually will go out with friends or to events if I want to, but every now and then I don't because of the pain.
 - 0 I get together with friends or go to events whenever I want, pelvic pain does not get in the way
7. Because of my pelvic pain
- 3 I can't stand for the doctor to insert the speculum when I go to the gynecologist.
 - 2 I can stand it when the doctor inserts the speculum if they are very careful, but most of the time it really hurts.
 - 1 It usually doesn't hurt when the doctor inserts the speculum, but every now and then it does hurt.
 - 0 It never hurts for the doctor to insert the speculum when I go to the gynecologist.
8. Because of my pelvic pain
- 3 I cannot use tampons at all, because they make my pain much worse.
 - 2 I can only use tampons if I put them in very carefully.
 - 1 It usually doesn't hurt to use tampons, but occasionally it does hurt.
 - 0 It never hurts to use tampons.
 - 0 This question doesn't apply to me, because I don't need to use tampons, or I wouldn't choose to use them whether they hurt or not.
9. Because of my pelvic pain
- 3 I can't let my partner put a finger or penis in my vagina during sex at all.
 - 2 My partner can put a finger or penis in my vagina very carefully, but it still hurts.
 - 1 It usually doesn't hurt if my partner puts a finger or penis in my vagina, but every now and then it does hurt.
 - 0 It doesn't hurt to have my partner put a finger or penis in my vagina at all.
 - 0 This question does not apply to me because I don't have a sexual partner.
 - 0 Specifically, I won't get involved with a partner because I worry about pelvic pain during sex.
10. Because of my pelvic pain
- 3 It hurts too much for my partner to touch me sexually even if the touching doesn't go in my vagina.
 - 2 My partner can touch me sexually outside the vagina if we are very careful
 - 1 It doesn't usually hurt for my partner to touch me sexually outside the vagina, but every now and then it does hurt
 - 0 It never hurts for my partner to touch me sexually outside the vagina
 - 0 This question does not apply to me because I don't have a sexual partner.
 - 0 Specifically, I won't get involved with a partner because I worry about pelvic pain during sex.
11. Because of my pelvic pain
- 3 It is too painful to touch myself for sexual pleasure.
 - 2 I can touch myself for sexual pleasure if I am very careful.
 - 1 It usually doesn't hurt to touch myself for sexual pleasure, but every now and then it does hurt.
 - 0 It never hurts to touch myself for sexual pleasure.
 - 0 I don't touch myself for sexual pleasure, but that is by choice, not because of pelvic pain.

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PELVIC FLOOR CONSENT FOR EVALATION AND TREATMENT

I acknowledge and understand that I have been referred for evaluation and treatment of pelvic floor dysfunction. Pelvic floor symptoms include, but are not limited to, urinary or fecal incontinence; difficulty with bowel, bladder, or sexual functions; painful scars after childbirth or surgery; persistent sacroiliac or low back pain; or pelvic pain conditions.

I understand that to evaluate my condition it may be necessary, initially and periodically, to have my therapist perform an internal pelvic floor muscle examination. This examination is performed by observing and/or palpating the perineal region including the vagina and/or rectum. This evaluation will assess skin conditions, reflexes, muscle tone, length, strength and endurance, scar mobility, and function of the pelvic floor region. Such evaluation may include vaginal or rectal sensors for muscle biofeedback.

Treatment may include, but are not limited to, the following: observation, palpation, use of vaginal weights, vaginal or rectal sensors for biofeedback and/or electrical stimulation, ultrasound, heat, cold, stretching and strengthening exercises soft tissue and/or joint mobilization, and educational instruction.

I understand that in order for therapy to be effective, I must come as scheduled unless there are unusual circumstances that prevent me from attending therapy. If I have difficulty with any part of my treatment program, I will discuss it with my therapist.

1. The purpose, risks, and benefits of this evaluation have been explained to me.
2. I understand that I can terminate this procedure at any time.
3. I understand that I am responsible for immediately telling the examiner if I am having any discomfort or unusual symptoms during the evaluation.
4. I have the option of having a second person present in the room during the procedure and ____ choose or ____ refuse this option. (please check one)

Date: _____ Patient Name: _____

Patient Signature

Signature of Parent or Guardian (if applicable)

Witness Signature