

Pelvic Floor Therapy Questionnaire

Patients Name: _____ Date: _____

Please fill in the following questionnaire to the best of your ability. The therapist will review the answers with you at your appointment.

Bladder symptoms:

Do you lose urine when you:

Cough/sneeze/laugh Yes No
 On the way to the bathroom Yes No
 Hear running water Yes No
 Lift/ exercise dance/ jump Yes No
 Have a strong urge to urinate Yes No
 Other _____ Yes No

Do you wet the bed Yes No
 Have burning/ pain with urination Yes No
 Difficulty starting a stream of urine Yes No
 Strain to empty your bladder Yes No
 Feel unable to empty bladder fully Yes No
 Have a falling out feeling Yes No
 Have pain with a full bladder Yes No
 Have an urgency of urination Yes No
 (strong urge to urinate)
 Urinate more than 7 times a day Yes No

Bowel symptoms:

Strain to have a bowel movement Yes No
 Include fiber in your diet Yes No
 Take laxatives / enema regularly Yes No
 Have pain with bowel movement Yes No

Leak / stain feces Yes No
 Have diarrhea often Yes No
 Leak gas by accident Yes No
 Have a very strong urge to move your bowels Yes No

How often do you move your bowels: _____ per day, week

Most common stool consistency:

Liquid Soft Firm Pellets Other _____

History(Females ONLY):

Number of pregnancies: _____
 Birth weight of largest baby: _____
 Number of episiotomies: _____
 Number of Vaginal deliveries: _____
 Number of cesarean deliveries: _____

Did you have any trouble healing after delivery? Yes No
 Do you have a history of sexual abuse or trauma? Yes No
 Are you having regular periods/menstrual cycles? Yes No
 Do you have frequent urinary tract infections? Yes No

Pain (Female Only):

Do you have pain with:
 -Sexual intercourse Yes No
 -Pelvic exam Yes No
 -Tampon use Yes No
 Back, leg, groin, abdominal pain Yes No

Test results:

Urodynamics test Yes No Results: _____
 Cystoscope Yes No Results: _____
 Urine test Yes No Results: _____
 Bowel test Yes No Results: _____

Thank you for taking the time to fill out this questionnaire.