

Male Pelvic Floor Therapy Questionnaire

Name: _____ Date: _____

Occupation: _____

Activity Level/Hobbies: _____

Date of last rectal exam: _____ Date of last urine test: _____

Have you had any previous treatment for incontinence (ie. physiotherapy, surgery, medications)? Yes(please explain): _____ No: _____

<u>Surgical History</u>	<u>Date</u>	<u>Post Surgical/Treatment Issues</u>
TURP	_____	_____
Radical prostatectomy	_____	_____
Urethral stricture	_____	_____
Other surgery	_____	_____
Radiotherapy	_____	_____

Please circle Y=Yes or N=No for any history of the following:

General:

- Y N pain with sexual activity
- Y N sexually transmitted disease
- Y N chronic cough
- Y N frequent urinary tract or bladder infections
- Y N smoking
- Y N physical abuse
- Y N sexual abuse

Bladder:

- loss of urine with: Y N coughing/sneezing/laughing/exercising
- Y N on the way to the bathroom
- Y N hearing running water
- Y N wetting the bed
- Y N burning/pain with urination
- Y N difficulty starting a stream of urine
- Y N pain with a full bladder
- Y N urgency of urination (a strong urge to urinate)

Bowel:

- Y N frequent constipation
- Y N frequent diarrhea
- Y N irritable bowel syndrome
- Y N leaking/staining feces
- Y N straining to have a bowel movement
- Y N taking laxatives/enema regularly
- Y N leaking gas by accident
- Y N pain with a bowel movement
- Y N strong urge to move your bowels

How often do you move your bowels: _____times per day/per week

Most common stool consistency: ___liquid ___soft ___firm ___pellets ___other

Rating of Incontinence

0 10

0 means no problem

10 means it really interferes with your life or bothers you a lot

Information About Incontinence

Did your incontinence begin: Suddenly:_____ Gradually:_____

How long have you experienced incontinence?

< 6 months:___ 6 months-1 year:___ 1-2 years:___ 2-5 years:___ >5 years:___

Over the past 6 months is your incontinence:

Worsening:_____ Same:_____ Improving:_____ Fluctuating:_____

What do you think has caused your bladder and/or bowel control problem?
