

Pelvic Floor Therapy Questionnaire

Name: _____

Date: _____

Occupation: _____

Activity
Level/Hobbies: _____

Date of last pelvic exam/pap: _____ Date of last urine
test: _____

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

If yes, please
explain: _____

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

General:

- Y N osteoporosis
- Y N pain with sexual activity/pelvic exam/tampon use
- 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
- Y N history of RAD (separation of the abdominal muscles)

Bladder:

- loss of urine with: Y N coughing/sneezing/laughing
- Y N lifting/exercising/dancing/jumping
- Y N on the way to the bathroom
- Y N hearing running water
- Y N wet 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)
- Y N feeling of heaviness or bulging in the pelvic area

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-1year:___ 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?
