

PELVIC SYMPTOM QUESTIONNAIRE

PATIENT NAME _____ DATE _____

AGE _____ DOB _____ HEIGHT _____ WEIGHT _____ MALE FEMALE

Bladder

1. Average fluid intake (one 8oz glass = one cup) _____. Of this total, how many glasses are caffeinated? _____. List types: _____

2. Frequency of urination:

Awake hours: _____ times per day Sleep hours: _____ times per night

3. How urgent is your need to go to the bathroom: minimal moderate excessive

4. When you have a normal urge to urinate, how long can you delay before you must go to the toilet? minutes hours not able to delay

5. The usual amount of urine passed is: small medium large

6. Rate your feeling of "falling out" or prolapsed or pelvic heaviness/pressure:

_____ None present

_____ With standing:

for minutes for hours

_____ Times per month:

related to activity _____

related to menstrual period

_____ With exertion or straining

Other: _____

7. What form of protection do you wear? (Please select only one)

_____ None

_____ Minimal protection:

tissue paper panty-liner

_____ Moderate protection:

absorbent product maxi-pad

_____ Maximum protection:

diaper specialty product

other: _____

On average, how many times do you have to change your protection in 24 hours? _____

8. Describe your urinary process by checking all that apply below:

Trouble initiating urine stream

Difficulty stopping urine stream

Dribbling after urination

Recurrent bladder infections

Strain or push to empty bladder

Urinary Intermittent/slow stream

Trouble emptying bladder completely

Constant urine leakage

Painful urination/ burning

Have "falling out" feeling

- Blood In urine Trouble feeling bladder urge
- Other, describe: _____
- Describe typical position for emptying: _____

9. Bladder Leakage – number of episodes: _____ 10. On average, how much urine do you leak?
- _____ No leakage _____ No leakage
- _____ Times per day _____ Just a few drops
- _____ Times per week _____ Wets underwear
- _____ Times per month _____ Wets outer clothing
- _____ Only with physical exertion/cough _____ Wets the floor

Bowel

1. Frequency of bowel movements:
 _____ Times per day _____ Times per week Other: _____
2. The bowel movements are: watery loose formed pellets other: _____
3. If constipation is present, describe management techniques: _____
4. When you have an urge to have a bowel movement, how long can you delay before going to the toilet? Minutes Hours Not able to delay
5. Describe your elimination process by checking all that apply below:
- Blood in stool/feces Trouble emptying bowel completely
- Seepage/loss of BM without awareness Constipation/straining
- Painful bowel movements (BM) Trouble feeling bowel urges/fullness
- Trouble controlling bowel urges Trouble holding bade, gas or feces
- Need to touch to complete BM Staining of underwear
- Current laxative use. Type: _____
- Other conditions, describe: _____
- Describe typical position for emptying: _____

6. Bowel Leakage – number of episodes: _____ 7. On average, how much stool to you lose?
- _____ No leakage No leakage
- _____ Times per day Stool staining
- _____ Times per week Small amount in underwear
- _____ Times per month Complete emptying
- _____ Only with physical exertion/cough Other: _____