

Pelvic Floor Questionnaire

Please describe your main problem:

When did it begin? _____ Is it: getting better getting worse staying the same

Please describe activities or things that you cannot do because of your problem:

Please list all pelvic and abdominal surgeries with dates of operation:

Date of last pelvic examination: _____ Date of last urinalysis: _____

Special tests performed: _____ Type: _____ Date: _____

Occurrences of incontinence or leakage

Never	Less than 1/month	More than 1/month	Leaks per day: _____
Almost every day	Less than 1/week	More than 1/week	

Protection Used

No protection	Mini pad	Diaper
Pantishields	Maxi pad	Bladder control pad type: _____

Severity

No leakage	Wet underwear
Few drops	Wet outerwear

Position or activity with leakage

Lying down	Standing	Sexual activity
Sitting	Changing positions (sit to stand)	Strong urge

How long can you delay the need to urinate

Indefinitely	1/2 Hour	Less than 10 minutes	Not at all
1+Hours	15 minutes	1-2 minutes	

Activity that causes urine loss

Vigorous activity	Light activity	Types of activities: _____
Moderate activity	No activities	

Prolapse (falling out feeling)

Never	Pressure with straining	Perineal pressure all day
Occasionally/with menses	Pressure with standing	

Frequency of urination (daytime)

0 times/day	5-8 times/day	13 ± times/day
1-4 times/day	9-12 times/day	

Frequency of urination (night time)

0 time/night	2 times/night	4+ times/night
1 time/night	3 times/night	

Fluid Intake (includes water and other beverages)

9+ 8 oz glasses/day	3-5 8 oz glasses/day
6-8 8 oz glasses/day	1-2 8 oz glasses/day

Frequency of bowel movements

2 times/day	Every day	Once every 4-7 days
1 time/day	Every other day	Weekly

After starting to urinate can you completely stop the urine flow?

Can stop completely	Can partially deflect the urine stream
Can maintain a deflection of the stream	Unable to deflect or slow the stream

Do you have trouble initiating a urine stream?

Never	More than 1/week	Every day
More than 1/month	Almost every day	

Attitude toward problems

No problem	Slight problem	Major problem
Minor inconvenience	Moderate problem	

Confidence in controlling your problem

Complete confidence	Little confidence
Moderate confidence	No confidence

Are you sexually active?

Yes No

Are you pregnant or attempting pregnancy?

Yes No

Number of pregnancies: _____

Complications: _____

History of presence of any sexually transmitted diseases?

Yes No

Type: _____

Do you have pain or trouble with sexual activity or urination?

Yes No

Describe:

Have you ever been taught or prescribed to do pelvic floor/Kegel exercises?

Yes No

When ----- By whom -----

How often do you do pelvic floor exercises? -----

Any comments or concerns?

Informed Consent for Assessment of Pelvic Floor Dysfunctions

I understand that if I undertake physical or occupational therapy for pelvic floor dysfunction, it will be beneficial and necessary for my therapist to perform a muscle assessment of the pelvic floor, initially and periodically to evaluate muscle strength, length, range of motion and scar mobility. Palpation of these muscles is most direct and accessible if done via the vagina and/of anal/rectal canal. Pelvic floor dysfunctions include but are not limited to pelvic pain syndromes, urinary incontinence, fecal incontinence, dyspareunia or pain with intercourse, pain from an episiotomy or scarring, vulvodynia, vestibulitis, constipation/pain with urination or defecation, diffuse gluteal pain, organ prolapse, diffuse lower extremity pain, other similar complications. Evaluation of my condition may include observation, direct muscle palpation, soft tissue mobilization, use of vaginal weights, deflectors, vaginal or rectal sensors for biofeedback and/or electrical stimulation.

The benefits and risks of the vaginal/rectal assessment have been explained to me. I understand that if I am uncomfortable with the assessment or treatment procedures AT ANY TIME, I will inform my therapist and the procedure will be discontinued and alternatives will be discussed with me. _____(initials)

Treatment procedures for pelvic floor dysfunctions include, without limitation, education, exercise, neuromuscular reduction using biofeedback, neuromuscular reeducation, electrical stimulation, ultrasound, use of vaginal weights and several manual techniques including massage, myofascial release, strain counterstrain, ischemic pressure, joint and soft tissue mobilization. The therapist will explain all of these treatment procedures to me and I may choose not to participate with all or part of the treatment plan. Risks/side effects may include: muscle or joint soreness, slight muscle pain, referred discomfort to another part of body, fatigue, and temporary discomfort with defecation, walking or activities of daily living. I understand that no guarantees have been or can be provided to me regarding the success of therapy.

I have read or had read to me the foregoing information and any questions that I have asked have been answered to my satisfaction. I understand the risks, benefits and alternatives of the different procedures.

I hereby voluntarily agree to allow my physical or occupational therapist to perform both initial and periodic muscle assessments of the pelvic floor via the vagina or anal/rectal canal and to perform muscular treatment techniques of the perineal area.

I DO or DO NOT want to have an additional person in the room during my sessions _____(initials)

Patient's Signature: _____ Therapist's Signature: _____

Patient's Legal Representative: _____ Relationship To Patient: _____

PLEASE NOTE: If you are pregnant, have an infection of any kind, have vaginal dryness, are less than 6 weeks postpartum or post-surgery, have severe pelvic pain, sensitivity to KY Jelly/vaginal creams of latex, please inform the therapist prior to the pelvic floor assessment

PFDI-20 Instructions

Please answer all of the questions in the following survey, These questions will ask you if you have certain bowel, bladder, or pelvic symptoms and, of you do, how much they bother you. Answer these by circling the appropriate number. While answering these questions, please consider your symptoms over the last 3 months. The PFDI-20 has 20 items and 3 scales of your symptoms. All items use the following format with a response scale from 0 to 4.

Scale of bother: 0=no 1 = not at all 2 = somewhat 3 = moderately 4 = quite a bit

Pelvic Organ Prolapse Distress Inventory 6 (POPDI-6)

Do you ...

Usually experience pressure in the lower abdomen?

0 1 2 3 4

Usually experience heaviness or dullness in the pelvic area?

0 1 2 3 4

Usually have a bulge or something falling out that you can see or feel in your vaginal area?

0 1 2 3 4

Ever have to push on the vagina or around the rectum to have or complete a bowel movement?

0 1 2 3 4

Usually experience a feeling of incomplete bladder emptying?

0 1 2 3 4

Ever have to push up on a bilge in the vaginal area with your fingers to start or complete urination?

0 1 2 3 4

Colorectal-Anal Distress Inventory 8 (CRAD-8)

Do you ...

Feel you need to strain too hard to have a bowel movement?

0 1 2 3 4

Feel you have nor completely emptied your bowels at the end of a bowel movement?

0 1 2 3 4

Usually lose stool beyond your control if your stool is well formed?

0 1 2 3 4

Usually lose stool beyond your control if your stool is loose?

0 1 2 3 4

Usually lose gas from the rectum beyond your control?

0 1 2 3 4

Usually have pain when you pass your stool?

0 1 2 3 4

Experience a strong sense of urgency and have to rush to the bathroom to have a bowel movement?

0 1 2 3 4

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)

Do you ...

Usually experience frequent urination?

0 1 2 3 4

Usually experience urine leakage associated with a feeling of urgency, that is, a strong sensation of needing to go to bathroom?

0 1 2 3 4

Usually experience urine leakage related to coughing, sneezing, or laughing?

0 1 2 3 4

Usually experience small amounts of urine leakage (that is, drops)?

0 1 2 3 4

Usually experience difficulty emptying your bladder?

0 1 2 3 4

Usually experience pain or discomfort in the lower abdomen or genital region?

0 1 2 3 4