Suburban Physical Therapy

Accessibility. Experience. Results.

Pelvic Floor Screening Form

Please answer the following questions to help us assess your pelvic floor function:

Name _____ Date _____

Urinary Function	**YES**	**NO**
1. How many times per day do you urinate?		
2. How many times do you wake up to urinate at night?		
3. Do you experience a sudden urge to urinate? If yes, what triggers it? _____		
4. Do you experience difficulty starting your urine stream?		
5. Do you have a weak or slow urine stream?		
6. Do you feel unable to completely empty your bladder?		
7. Do you experience pain or burning with urination?		
8. Do you experience unintentional urinary leakage? If yes, what triggers it? ____Coughing ____Laughing ____Sneezing ____ Jumping ____Lifting ____Exercise ____Urgency ____Position changes ____ Running water ____ Cold ____Other: _____		
9. Do you use protective pads? If so, what kind? _____		
Bowel Function		
10. Have you ever experienced fecal incontinence?		
11. Do you have a history of constipation or straining to have a bowel movement?		

12. Do you experience uncontrollable gas?		
13. Do you use laxatives or digestive supplements? If so, what kind? _____		
Fluid Intake	**YES**	**NO**
14. Approximately how much fluid (in ounces) do you drink per day?		
15. What types of fluid do you typically consume? (check all that apply) ____ Water ____ Coffee ____Tea ____ Juice ____ Diet Drinks ____ Soda ____ Other: _____		
16. Do you consume caffeine daily? If so, how many cups? _____		
Pelvic Floor Function		
17. Have you ever been instructed in pelvic floor exercises, or Kegels?		
18. Do you perform Kegels on a regular basis?		
Sexual Function		
19. Do you experience pain with sexual penetration?		
20. Do you have a history of sexual trauma?		
Reproductive History		
21. Are you currently pregnant? If so, what is your due date?_____		
22. How many full term pregnancies have you had? _____ _____ Vaginal Deliveries _____Caesarean Sections		
23. Did you have an episiotiomy?		
24. Were there any delivery complications? If yes, please explain: _____		