

Pelvic Symptom Questionnaire

1. **Frequency of urination:** awake hours ____ times per day, sleep hours ____ times per night

Bladder/Bowel Habits/Problems

- | | | | |
|-----|---------------------------------------|-----|---------------------------------------|
| Y/N | Trouble initiating urine stream | Y/N | Blood in urine |
| Y/N | Urinary intermittent/slow stream | Y/N | Painful urination |
| Y/N | Trouble emptying bladder | Y/N | Trouble feeling bladder urge/fullness |
| Y/N | Difficulty stopping the urine stream | Y/N | Current laxative use |
| Y/N | Trouble emptying bladder | Y/N | Trouble feeling bowel urge/fullness |
| Y/N | Straining or pushing to empty bladder | Y/N | Constipation/straining |
| Y/N | Dribbling after urination | Y/N | Trouble holding back gas/feces |
| Y/N | Constant urine leakage | Y/N | Recurrent bladder infections |
| Y/N | Other/Describe: _____ | | |

2. **When you have a normal urge to urinate, how long can you delay before you have to go to the toilet?** ____ minutes, ____ hours, ____ not at all

3. **The usual amount of urine passed is:** __small __medium __large

4. **Frequency of bowel movements:** __ times per day, __ times a week, or _____.

5. **When you have an urge to have a bowel movement, how long can you delay before you have to go to the toilet?** ____ minutes ____ hours ____ not at all

6. **If constipation is present, describe management technique:** _____

7. **Average fluid intake (one glass is 8 oz or 1 cup):** ____ glasses per day

8. **Rate a feeling of organ "falling out"/prolapsed or pelvic heaviness/pressure:**

__ None present

__ Times per month (specify if related to activity or your period)

__ With standing for ____ minutes or ____ hours

__ With exertion or straining

9. **Do you have any pain with:** gynecological exams ____ tampon insertion ____ intercourse ____

SKIP QUESTIONS IF NO LEAKAGE/INCONTINENCE:

10a. Bladder leakage- number of episodes

- __ No leakage
- __ Times per day
- __ Times per week
- __ Times per month
- __ Only with physical exertion/cough

11a. On average, how much urine do you leak?

- __ No leakage
- __ Just a few drops
- __ Wets underwear
- __ Wets outerwear
- __ Wets the floor

10b. Bowel leakage- number of episodes:

- __ No leakage
- __ Times per day
- __ Times per week
- __ Times per month
- __ Only with exertion/urge

11b. How much stool do you lose?

- __ No leakage
- __ Stool staining
- __ Small amount in underwear
- __ Complete emptying

12. What form of protection do you wear? (Please complete only one)

- __ None
- __ Minimal protection (Tissue paper/paper towel/pantishields)
- __ Moderate protection (absorbent product, maxipad)
- __ Maximum protection (Specialty product/diaper)
- __ Other _____

On average, how many pad/protection changes are required in 24 hours? ____ # of pads