**Pelvic Symptom Questionnaire**

Bladder and Bowel Habits / Problems:

𑂽 Yes 𑂽 No Trouble initiating urine stream 𑂽 Yes 𑂽 No Blood in urine

𑂽 Yes 𑂽 No Urine stream intermittent or slow 𑂽 Yes 𑂽 No Painful urination

𑂽 Yes 𑂽 No Difficulty stopping the urine stream 𑂽 Yes 𑂽 No Recurrent bladder infections

𑂽 Yes 𑂽 No Trouble emptying bladder completely 𑂽 Yes 𑂽 No Constipation/straining

𑂽 Yes 𑂽 No Straining or pushing to empty bladder 𑂽 Yes 𑂽 No Current laxative use 𑂽 Yes 𑂽 No Trouble feeling bladder urge/fullness 𑂽 Yes 𑂽 No Trouble feeling bowel urge

𑂽 Yes 𑂽 No Dribbling after urination 𑂽 Yes 𑂽 No Trouble holding in gas/feces

1. Frequency of urination: \_\_\_\_\_\_ times per **day**, \_\_\_\_\_\_ times per **night**

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 per week, or \_\_\_\_\_\_ 5. When you have an urge to have a bowel movement, how long can you delay before going to the toilet? \_\_\_\_\_\_ minutes, \_\_\_\_\_\_ hours, \_\_\_\_\_\_not at all!

6. If constipation is present describe management techniques \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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7. Average fluid intake (one glass is 8 oz or one cup) \_\_\_\_\_\_ glasses per day

Of this total, how many glasses are caffeinated? \_\_\_\_\_\_ glasses per day

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

\_\_\_None present

\_\_\_Times per month

\_\_\_With standing for \_\_\_\_\_\_ minutes or\_\_\_\_\_\_ hours

\_\_\_With exertion or straining

\_\_\_Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9a. Bladder leakage - number of episodes 9b. Bowel leakage - number of episodes

\_\_\_ No leakage \_\_\_ No leakage

\_\_\_ Times per day \_\_\_ Times per day

\_\_\_ Times per week \_\_\_ Times per week

\_\_\_ Times per month \_\_\_ Times per month

\_\_\_ Only with physical exertion/cough \_\_\_ Only with exertion/strong urge

10a. On average, how much urine do you leak? 10b. How much stool do you lose?

\_\_ No leakage \_\_ No leakage

\_\_ Just a few drops \_\_ Stool staining

\_\_ Wets underwear \_\_ Small amount in underwear

\_\_ Wets outerwear \_\_ Complete emptying

\_\_ Wets the floor

11. What form of protection do you wear?

\_\_\_None

\_\_\_Minimal protection (Tissue paper/paper towel/pantishields)

\_\_\_Moderate protection (absorbent product, maxipad)

\_\_\_Maximum protection (Specialty product/diaper)

\_\_\_Other

12. On average, how many pad/protection changes are required in 24 hours? \_\_\_\_\_\_ # of pads

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