

Pelvic Health Screening Questionnaire

For Adults

Instructions : Check all that apply.

	YES	NO
I am pregnant, planning a pregnancy, or recently had a baby	<input type="checkbox"/>	<input type="checkbox"/>
I had a baby, and experienced perineal tears, a forceps birth, difficult vaginal delivery or my baby was larger than 8lbs.	<input type="checkbox"/>	<input type="checkbox"/>
I sometimes have pelvic pain (in genitals, perineum, pubic or bladder area, or pain with urination) that exceeds 3/10 on a pain scale (with 10 being the worst).	<input type="checkbox"/>	<input type="checkbox"/>
I can remember falling onto my tailbone, lower back, or buttocks (even in childhood).	<input type="checkbox"/>	<input type="checkbox"/>
I sometimes experience one or more of the following: <ul style="list-style-type: none">• Accidental loss of urine• Feeling unable to completely empty my bladder• Having to pee even though I've emptied my bladder• Pain or burning with urination• Difficulty starting or frequent stopping/starting of urine stream	<input type="checkbox"/>	<input type="checkbox"/>
I often or occasionally have to get up to urinate 2 or more times at night.	<input type="checkbox"/>	<input type="checkbox"/>
I sometimes have a feeling of increased pelvic pressure or the sensation of my pelvic organs slipping down or falling out.	<input type="checkbox"/>	<input type="checkbox"/>
I have a history of pain in my low back, hip, groin, or tailbone, or have had sciatica.	<input type="checkbox"/>	<input type="checkbox"/>
I sometimes experience one or more of the following bowel symptoms: <ul style="list-style-type: none">• Loss of bowel control• Feeling unable to completely empty my bowels• Straining or pain with a bowel movement	<input type="checkbox"/>	<input type="checkbox"/>
I sometimes experience pain or discomfort with sexual activity or intercourse.	<input type="checkbox"/>	<input type="checkbox"/>
Sexual activity increases one or more of my symptoms	<input type="checkbox"/>	<input type="checkbox"/>
Prolonged sitting increases my symptoms	<input type="checkbox"/>	<input type="checkbox"/>

If you checked 2 or more boxes, pelvic floor dysfunction is likely and you will benefit from a pelvic floor assessment.

Based on the Cozean Pelvic Dysfunction Screening Protocol



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your pelvic health.

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