

Pelvic Floor Dysfunction Screening

Instructions - check all that apply

1. Do you experience accidental loss of urine or feces?
 - a. Do you leak with activity? Coughing? Sneezing?
 - b. Do you leak when you're trying to get to the bathroom?
2. Do you urinate less than every 2 hours?
3. Do you feel like you are unable to completely empty your bowel or bladder? Or do you experience difficulty starting your urine stream?
4. Are you consistently constipated or do you experience straining with bowel movements?
 - a. Does your bowel movement look like rabbit pellets?
 - b. Does it take you more than a couple of days to have a bowel movement?
5. Do you have pain in the pelvic region (genitals, perineum, pubic or bladder area)?
 - a. Did you sustain a fall on your tailbone, lower back, or buttocks (even in childhood)?
 - b. Did you have a significant birthing history, or was there difficulty with healing?
6. Do you have to urinate at night?
7. Do you have pain with sexual activity or intercourse? With tampon use? With any activity?
8. Do you have frequent UTIs, especially those that feel like UTIs but usually test negative?
9. Does your Cesarean section scar, or other abdominal scar, hurt or feel like it is pulling?
10. Do you have a feeling of increased pelvic pressure or the sensation of your pelvic organs slipping down or falling out?
11. Do you have a history of pain in the low back, hip, groin, or tailbone, or have you had sciatica?

If you checked yes for 3 or more items, pelvic floor dysfunction is likely.