

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 episiotomy?		
24. Were there any delivery complications? If yes, please explain: _____		

VULVAR PAIN FUNCTIONAL QUESTIONNAIRE (V-Q)

These are statements about how your pelvic pain affects your everyday life. Please check one box for each item below, choosing the one that best describes your situation. Some of the statements deal with personal subjects. These statements are included because they will help your health care provider design the best treatment for you and measure your progress during treatment. Your responses will be kept completely confidential at all times.

1. Because of my pelvic pain
 - ☐ 3 I can't wear tight-fitting clothing like pantyhose that puts any pressure over my painful area.
 - ☐ 2 I can wear closer fitting clothing as long as it only puts a little bit of pressure over my painful area.
 - ☐ 1 I can wear whatever I like most of the time, but every now and then I feel pelvic pain caused by pressure from my clothing.
 - ☐ 0 I can wear whatever I like; I never have pelvic pain because of clothing.
2. My pelvic pain
 - ☐ 3 Gets worse when I walk, so I can only walk far enough to move around in my house, no further.
 - ☐ 2 Gets worse when I walk. I can walk a short distance outside the house, but it is very painful to walk far enough to get a full load of groceries in a grocery store.
 - ☐ 1 Gets a little worse when I walk. I can walk far enough to do my errands, like grocery shopping, but it would be very painful to walk longer distances for fun or exercise.
 - ☐ 0 My pain does not get worse with walking; I can walk as far as I want to
 - ☐ 0 I have a hard time walking because of another medical problem, but pelvic pain doesn't make it hard to walk.
3. My pelvic pain
 - ☐ 3 Gets worse when I sit, so it hurts too much to sit any longer than 30 minutes at a time.
 - ☐ 2 Gets worse when I sit. I can sit for longer than 30 minutes at a time, but it is so painful that it is difficult to do my job or sit long enough to watch a movie.
 - ☐ 1 Occasionally gets worse when I sit, but most of the time sitting is comfortable.
 - ☐ 0 My pain does not get worse with sitting, I can sit as long as I want to.
 - ☐ 0 I have trouble sitting for very long because of another medical problem, but pelvic pain doesn't make it hard to sit.
4. Because of pain pills I take for my pelvic pain
 - ☐ 3 I am sleepy and I have trouble concentrating at work or while I do housework.
 - ☐ 2 I can concentrate just enough to do my work, but I can't do more, like go out in the evenings.
 - ☐ 1 I can do all of my work, and go out in the evening if I want, but I feel out of sorts.
 - ☐ 0 I don't have any problems with the pills that I take for pelvic pain.
 - ☐ 0 I don't take pain pills for my pelvic pain.
5. Because of my pelvic pain
 - ☐ 3 I have very bad pain when I try to have a bowel movement, and it keeps hurting for at least 5 minutes after I am finished.
 - ☐ 2 It hurts when I try to have a bowel movement, but the pain goes away when I am finished.
 - ☐ 1 Most of the time it does not hurt when I have a bowel movement, but every now and then it does.
 - ☐ 0 It never hurts from my pelvic pain when I have a bowel movement.

6. Because of my pelvic pain
- ☐ 3 I don't get together with my friends or go out to parties or events.
 - ☐ 2 I only get together with my friends or go out to parties or events every now and then.
 - ☐ 1 I usually will go out with friends or to events if I want to, but every now and then I don't because of the pain.
 - ☐ 0 I get together with friends or go to events whenever I want, pelvic pain does not get in the way
7. Because of my pelvic pain
- ☐ 3 I can't stand for the doctor to insert the speculum when I go to the gynecologist.
 - ☐ 2 I can stand it when the doctor inserts the speculum if they are very careful, but most of the time it really hurts.
 - ☐ 1 It usually doesn't hurt when the doctor inserts the speculum, but every now and then it does hurt.
 - ☐ 0 It never hurts for the doctor to insert the speculum when I go to the gynecologist.
8. Because of my pelvic pain
- ☐ 3 I cannot use tampons at all, because they make my pain much worse.
 - ☐ 2 I can only use tampons if I put them in very carefully.
 - ☐ 1 It usually doesn't hurt to use tampons, but occasionally it does hurt.
 - ☐ 0 It never hurts to use tampons.
 - ☐ 0 This question doesn't apply to me, because I don't need to use tampons, or I wouldn't choose to use them whether they hurt or not.
9. Because of my pelvic pain
- ☐ 3 I can't let my partner put a finger or penis in my vagina during sex at all.
 - ☐ 2 My partner can put a finger or penis in my vagina very carefully, but it still hurts.
 - ☐ 1 It usually doesn't hurt if my partner puts a finger or penis in my vagina, but every now and then it does hurt.
 - ☐ 0 It doesn't hurt to have my partner put a finger or penis in my vagina at all.
 - ☐ 0 This question does not apply to me because I don't have a sexual partner.
 - ☐ 0 Specifically, I won't get involved with a partner because I worry about pelvic pain during sex.
10. Because of my pelvic pain
- ☐ 3 It hurts too much for my partner to touch me sexually even if the touching doesn't go in my vagina.
 - ☐ 2 My partner can touch me sexually outside the vagina if we are very careful
 - ☐ 1 It doesn't usually hurt for my partner to touch me sexually outside the vagina, but every now and then it does hurt
 - ☐ 0 It never hurts for my partner to touch me sexually outside the vagina
 - ☐ 0 This question does not apply to me because I don't have a sexual partner.
 - ☐ 0 Specifically, I won't get involved with a partner because I worry about pelvic pain during sex.
11. Because of my pelvic pain
- ☐ 3 It is too painful to touch myself for sexual pleasure.
 - ☐ 2 I can touch myself for sexual pleasure if I am very careful.
 - ☐ 1 It usually doesn't hurt to touch myself for sexual pleasure, but every now and then it does hurt.
 - ☐ 0 It never hurts to touch myself for sexual pleasure.
 - ☐ 0 I don't touch myself for sexual pleasure, but that is by choice, not because of pelvic pain.

Pelvic Floor Distress Inventory – short form 20

PFDI -20 Instructions: Please answer all of the questions in the following survey. These questions will ask you if you have certain bowel, bladder, or pelvic symptoms and, if you do, how much they bother you. Answer these by circling the appropriate number. While answering these questions, please consider your symptoms over the **last 3 months**.

The PFDI-20 has 20 items and 3 scales of your symptoms.
All items use the following format with a response scale from 0 to 4.

Symptoms Present = YES, scale of bother:

1 = not at all
2 = somewhat
3 = moderately
4 = quite a bit

Symptoms Not Present = NO

0 = not present

Pelvic Organ Prolapse Distress Inventory 6 (POPDI-6)

Do you ...	No	Yes
1. Usually experience pressure in the lower abdomen?	0	1 2 3 4
2. Usually experience heaviness or dullness in the pelvic area?	0	1 2 3 4
3. Usually have a bulge or something falling out that you can see or feel in your vaginal area?	0	1 2 3 4
4. Ever have to push on the vagina or around the rectum to have or complete a bowel movement?	0	1 2 3 4
5. Usually experience a feeling of incomplete bladder emptying?	0	1 2 3 4
6. Ever have to push up on a bulge in the vaginal area with your fingers to start or complete urination?	0	1 2 3 4

Colorectal-Anal Distress Inventory 8 (CRAD-8):

Do you ...	No	Yes
7. Feel you need to strain too hard to have a bowel movement?	0	1 2 3 4
8. Feel you have not completely emptied your bowels at the end of a bowel movement?	0	1 2 3 4
9. Usually lose stool beyond your control if your stool is well formed?	0	1 2 3 4
10. Usually lose stool beyond your control if your stool is loose?	0	1 2 3 4
11. Usually lose gas from the rectum beyond your control?	0	1 2 3 4
12. Usually have pain when you pass your stool?	0	1 2 3 4
13. Experience a strong sense of urgency and have to rush to the bathroom to have a bowel movement?	0	1 2 3 4
14. Does part of your bowel ever pass through the rectum and bulge outside during or after a bowel movement?	0	1 2 3 4

Urinary Distress Inventory 6 (UDI-6):

Do you ...	No	Yes
15. Usually experience frequent urination?	0	1 2 3 4
16. Usually experience urine leakage associated with a feeling of urgency, that is, a strong sensation of needing to go to the bathroom?	0	1 2 3 4
17. Usually experience urine leakage related to coughing, sneezing, or laughing?	0	1 2 3 4
18. Usually experience small amounts of urine leakage (that is, drops)?	0	1 2 3 4
19. Usually experience difficulty emptying your bladder?	0	1 2 3 4
20. Usually experience pain or discomfort in the lower abdomen or genital region?	0	1 2 3 4

Scoring the PFDI-20:

Scale Scores: Obtain the mean value of all of the answered items within the corresponding scale (possible value 0 to 4) and then multiply by 25 to obtain the scale score (range 0 to 100). Missing items are dealt with by using the mean from answered items only.

PFSI-20 Summary Score: Add the scores from the 3 scales together to obtain the summary score (range 0 to 300). Adapted by Herman & Wallace Pelvic Rehabilitation Institute from Barber, M., Walters, M., et al. (2005). "Short forms of two condition-specific quality of life questionnaires for women with pelvic floor disorders (PFDI-20 and PFIQ -7)." *American Journal of Obstetrics and Gynecology* 193: 103-113.