ADVANCED PHYSICAL THERAPY
4000 OLD COURT RD #100
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Pelvic Floor Questionnaire

Please fill in the following questionnaire to the best of your ability. The therapist will review the answers with you at your appointment.

Patients Name_____ Date _____

Date of last GYN Exam_____ Date of last period/menstrual cycle_____

Premenopausal/ Postmenopausal/ Dysmenorrhea _____

Irregularities_____ Endometrioses_____ Pelvic Inflammatory Disease_____

Fibroids/Cysts_____ Yeast infections/frequency_____

Urinary tract infections/frequency_____ Date of last UTI _____

History of Sexually transmitted diseases/herpes/hpv/other _____

History

Number of pregnancies _____ Number of vaginal deliveries _____

Birth weight of largest baby _____ Number of cesarean deliveries _____

Number of episiotomies _____ Date of last pap smear _____

Did you have any trouble healing after delivery Y N

Do you have a history of sexual abuse or trauma Y N

Are you having regular periods/menstrual cycles Y N

Do you have frequent urinary tract infections Y N

Pain

Do you have pain with?

Sexual intercourse Y N

Pelvic exam Y N

Tampon use Y N

Back, leg, groin, abdominal pain Y N

Bladder symptoms

Do you lose urine when you:

Cough/sneeze/laugh Y N

Lift/exercise/jump Y N

On the way to the bathroom Y N

Other: _____

Hear running water Y N

Frequency of Urination:
Daytime: _____

Do you wet the bed Y N

Nighttime: _____

Have burning/pain with urination Y N

Protection used _____
Pad changes per day _____

Difficulty starting a stream of urine Y N

Strain to empty your bladder Y N

Feel unable to empty bladder fully Y N

Have a falling out feeling Y N

Have pain with a full bladder Y N

Have a strong urge to urinate Y N

Urinate more than 7 times a day Y N

Bowel symptoms

Strain to have a bowel movement Y N

Leak/ stain feces Y N

Include fiber in your diet Y N

Have diarrhea often Y N

Take laxatives/ enema regularly Y N

Leak gas by accident Y N

Have pain with bowel movement Y N

Have a strong urge to move your bowels Y N

How often do you move your bowels: _____ per day, week

Most common stool consistency: liquid, soft, firm, pellets, other _____