

Pelvic Questionnaire

Bladder

Do you pee when you do any of the following: Cough Sneeze Laugh Walk Exercise

No Yes to all Yes to some (circle which ones)

How often during the day do you need to urinate? _____

How many times per night do you have to get up to urinate? 1 2 3 4 5 6

Number of caffeinated beverages you drink during the day: 1 2 3 4 5 6 7 8 9

Do you have pain when you urinate? Yes No

Do you feel like you empty your bladder completely? Yes No

Do you feel like you have a good urinary stream? Yes No

Do you have to start a urinary stream a few times to empty? Yes No

Do you have sudden urges to urinate? Yes No

If yes, are you able to make it to the toilet in time? Yes No

Do you use pads because of leakage? Yes No

If yes, how many per day do you use? 1 2 3 4 5 6 7 8

Have you had bladder surgery before? Yes No

If yes, what kind? _____

Bowel

Do you have a sudden urgency to have a bowel movement? Yes No

How often do you have bowel movements? 1 2 3 4 5 6+ times per **day**

OR 1 2 3 4 5 6 times per **week**

Do you have any leakage of gas? Yes No

Do you have any leakage of stool? Yes No

Have you had hemorrhoids? Yes No

Have you had fissures? Yes No

Do you have any pain? With the urge to go While going After going

Female Specific Questionnaire

Menses

Are you currently menopausal? Yes No

If yes, did you go into menopause naturally or due to surgery or chemo?

Do you take hormone replacement? Yes No (skip to next section)

What age did your periods start? _____

How long are your cycles? _____

How many days does your period last? _____

Do you have pain with your periods? Yes No

Cramps Low back pain vaginal pain abdominal pain other _____

Pregnancy

How many times have you been pregnant? _____ (if 0, skip to next section)

How many miscarriages have you had? _____

How many vaginal births? _____ How many c-sections? _____

Did you have any trauma with any births? _____

Sex

Have you experienced any sexual trauma? Yes No

Are you currently sexually active either alone or with a partner? Yes No (if no, skip section)

Do you have any pain with intercourse? Yes No

If yes, is it upon initial penetration, deep penetration, with orgasm, after? (circle)

Are you able to orgasm with clitoral stimulation, during intercourse, both?

Other

Have you been diagnosed with any of the following:

IC Vulvodynia Vestibulodynia Pudendal Neuralgia Lichen Sclerosus

Do you have pelvic floor pain with: sitting standing walking other _____

Male Specific Questionnaire

Have you every been diagnosed with: enlarged prostate prostate cancer erectile dysfunction

Do you have any testicular pain? Yes No

Do you have any scrotal pain? Yes No

Are you currently sexually active either alone or with a partner? Yes No

Do you have any difficulty maintaining an erection? Yes No

Do you have any pain with orgasm? Yes No

Have you undergone any prostate surgery? Yes No