Pelvic Pain and Continence Screening Questionnaire

1. Do you ever leak urine, feces or gas?  
   Y  N

2. Do you have strong urges to urinate or defecate that you cannot control?  
   Y  N

3. Do you get out of bed to urinate more than once per night?  
   Y  N

4. Do you urinate more often than every 2 hours during the day?  
   Y  N

5. Do you have pain with urination or bowel movement?  
   Y  N

6. Do you have difficulty initiating a urine stream or have to strain for a bowel movement more often than not?  
   Y  N

7. Do you have abdominal or genital pain during or after sexual activity?  
   Y  N

8. Do you have abdominal or genital pain that prevents you from participating in your regular home, work, social or recreational activities?  
   Y  N

9. Do you have fewer than 3 bowel movements per week?  
   Y  N

10. Do you have recurrent or unresolved low back, pelvic, tailbone, abdominal or hip pain?  
    Y  N

If you answered “yes” to 1 or more of these questions, you may have muscles in your pelvis that are not working correctly. You should talk with your doctor about your complaints and have a medical examination. Treatment with a pelvic floor physical therapist can assist you with the treatment of the pelvic muscles as well as other related musculoskeletal problems.