

WILLIAM E. WOODS, M.D., S.C.

351 Greenleaf Avenue, Ste. A, Park City, IL 60085 · (847)244-4110 · fax (847)244-4494

Bladder and Pelvic Pain Screening Questionnaire

1. How often do you leak urine?

- | | |
|---|---|
| <input type="radio"/> Never | <input type="radio"/> About once a week or less often |
| <input type="radio"/> Two or three times a week | <input type="radio"/> About once a day |
| <input type="radio"/> Several times a day | <input type="radio"/> All the time |

2. How much urine do you usually leak (whether you wear protection or not)

- | | |
|---|--------------------------------------|
| <input type="radio"/> None | <input type="radio"/> A small amount |
| <input type="radio"/> A moderate amount | <input type="radio"/> A large amount |

3. Overall, how much does this leaking urine interfere with your every day life?

Please circle a number between 0 (not at all) and 10 (a great deal)

0 1 2 4 5 6 7 8 9 10

4. When does urine leak? (Please check all that apply to you)

- | | |
|--|--|
| <input type="radio"/> Never – urine does not leak | <input type="radio"/> Leaks before you can get to the toilet |
| <input type="radio"/> Leaks when you cough or sneeze | <input type="radio"/> Leaks when you are asleep |
| <input type="radio"/> Leaks when you are physically active/exercising | |
| <input type="radio"/> Leaks when you have finished urinating and are dressed | |
| <input type="radio"/> Leaks for no obvious reason | <input type="radio"/> Leaks all the time |

5. Do you experience urinary leakage associated with feelings of urgency; that is a strong sensation to go to the bathroom?

- | | |
|---------------------------|--------------------------|
| <input type="radio"/> Yes | <input type="radio"/> No |
|---------------------------|--------------------------|

6. Do you experience frequent urination?

- | | |
|---------------------------|--------------------------|
| <input type="radio"/> Yes | <input type="radio"/> No |
|---------------------------|--------------------------|

7. Do you experience pain or discomfort in the lower abdomen or genital region?

- | | |
|---------------------------|--------------------------|
| <input type="radio"/> Yes | <input type="radio"/> No |
|---------------------------|--------------------------|

If you experience any of the above symptoms, you may have stress, urge or mixed incontinence. Your symptoms may also be related to a disorder causing pelvic pain. Physical therapy can help to identify the source of your symptoms and the appropriate treatment options to help you gain control over incontinence. Please discuss this with your physician to determine if physical therapy is right for you.

Happiness is Good Health