



Pelvic Floor Questionnaire

Name: \_\_\_\_\_ MD: \_\_\_\_\_ Date: \_\_\_\_\_

Please describe your main problem: \_\_\_\_\_  
\_\_\_\_\_

When did it begin: \_\_\_\_\_ Is it getting: better worse staying the same (circle one)

Please describe activities or things that you cannot do because of your problem: \_\_\_\_\_  
\_\_\_\_\_

Please list all pelvic and abdominal surgeries with dates of operation: \_\_\_\_\_  
\_\_\_\_\_

Date of last pelvic exam: \_\_\_\_\_ Date of last urinalysis: \_\_\_\_\_

Special Tests Performed? \_\_\_\_\_ Type: \_\_\_\_\_ Date: \_\_\_\_\_

1. OCCURRENCE OF INCONTINENCE OR LEAKAGE  
Never  
Less than 1/month  
More than 1/month  
Less than 1/week  
More than 1/week  
Almost every day  
# \_\_\_ leaks per day

2. PROTECTION WORK  
No Protection  
Pantishields  
Mini Pad  
Maxi Pad  
Diaper/Serenity

3. SEVERITY  
No leakage  
Few Drops  
Wet underwear  
Wet outerwear

4. POSITION OR ACTIVITY WITH LEAKAGE  
Lying down  
Sitting  
Standing  
Changing positions (sit to stand)  
Sexual activity  
Strong Urge

5. HOW LONG CAN YOU DELAY THE NEED TO URINATE?  
Indefinitely  
1 +hours  
½ hour  
15 minutes  
Less than 10 minutes  
1-2 minutes  
Not at all

6. ACTIVITY THAT CAUSES URINE LOSS  
Vigorous activity  
Moderate activity  
Light activity  
No activity  
Type \_\_\_\_\_

7. PROLAPSE (falling out feeling)  
 Never  
 Occasionally w/ menses  
 Pressure at the end of the day  
 Pressure with straining  
 Pressure with standing  
 Perineal pressure all day
8. FREQUENCY OF URINATION (DAYTIME)  
 0 times per day  
 1-4  
 5-8  
 9-12  
 13+
9. FREQUENCY OF URINATION (NIGHTTIME)  
 0 times per night  
 1  
 2  
 3  
 4+
10. FLUID INTAKE  
 Includes water and beverages  
 9+ 8oz glasses per day  
 6-8 8oz glasses per day  
 3-5 8oz glasses per day  
 1-2 8 oz glasses per day  
 How many caffeinated glasses? \_\_\_\_\_
11. FREQUENCY OF BOWEL MOVEMENTS  
 2 times per day  
 1 time per day  
 Every other day  
 Once every 4-7 days  
 Weekly
12. AFTER STARTING TO URINATE, CAN YOU COMPLETELY STOP THE URINE FLOW?  
 Can stop completely  
 Can maintain a deflection of the stream  
 Can partially deflect the urine stream  
 Unable to deflect or slow the stream
13. DO YOU HAVE TROUBLE INITIATING A URINE STREAM?  
 Never  
 More than 1/month  
 Less than 1/week  
 Almost every day
14. ATTITUDE TOWARDS PROBLEM  
 No Problem  
 Minor inconvenience  
 Slight problem  
 Moderate problem  
 Major problem
15. CONFIDENCE IN CONTROLLING YOUR PROBLEM  
 Complete confidence  
 Moderate confidence  
 Little confidence  
 No confidence
16. Are you sexually active? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Are you pregnant or attempting pregnancy? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Number of pregnancies? \_\_\_\_\_ Complications? \_\_\_\_\_  
 \_\_\_\_\_
17. History of or present sexually transmitted diseases? Type \_\_\_\_\_
18. Do you have pain or problems with sexual activity or urination? Describe: \_\_\_\_\_  
 \_\_\_\_\_
19. Have you ever been taught how to do pelvic floor/Kegel exercises?  
 Yes \_\_\_ No \_\_\_ When? \_\_\_\_\_ By Whom? \_\_\_\_\_



## *Advanced Physical Therapy of Watertown, PLLC*

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### **Daily Bladder Diary**

#### **Keeping a record of bladder function**

The main purpose of a bladder log is to document how your bladder functions. A log can give your health care provider an excellent picture of your bladder functions, habits, and patterns. At first, the log is used as an evaluation tool. Later, it will be used to measure your progress on bladder retraining or leakage episodes. Please complete a bladder log every day for two (2) days and bring it with you to your appointment.

Your log will be more accurate if you fill it out as you go through the day. It can be very difficult to remember at the end of the day exactly what happened in the morning.

#### **Instructions**

##### Column 1 – Time of Day

The log begins with midnight and covers a 24-hour period. Afternoon times are in bold. Select the hour block that corresponds with the time of day you are recording information.

##### Column 2 – Type and Amount of Fluid and Food Intake

- Record the type and amount of fluid you drank
- Record the type and amount of food you ate
- Record when you woke up for the day and the hour you went to sleep

##### Column 3 – Amount Voided (Urinated)

Record the time of day and amount voided. Record the amount by counting “one-one-thousand” (this equals one second) while emptying your bladder. Record the total number of seconds it took you to void. Record a bowel movement with a BM at the appropriate time.

##### Column 4 – Amount of Leakage

Record the amount of urine loss at the time it occurred.

# Daily Voiding Log

Time of Day	Type & Amount of Food & Fluid Intake	Amount Voided in Seconds	Amount of Leakage S / M / L	Was Urge Present 1 / 2 / 3	Activity with Leakage
Midnight					
1 am					
2 am					
3 am					
4 am					
5 am					
6 am					
7 am					
8 am					
9 am					
10 am					
11 am					
NOON					
<b>1 pm</b>					
<b>2 pm</b>					
<b>3 pm</b>					
<b>4 pm</b>					
<b>5 pm</b>					
<b>6 pm</b>					
<b>7 pm</b>					
<b>8 pm</b>					
<b>9 pm</b>					
<b>10 pm</b>					
<b>11 pm</b>					

Comments: \_\_\_\_\_  
 \_\_\_\_\_

Number of pads: \_\_\_\_\_

S – Small – Drop or two of urine

M – Medium – wet underwear

L – Large – Wet outerwear or floor

Column 5 – Was Urge Present

Describe the urge sensation you had as:

1 – Mild – first sensation of need to go

2 – Moderate – stronger sensation or need

3 – Strong – need to get to a toilet, move aside!

Column 6 – Activity with Leakage

Describe the activity associated with the leakage, i.e. coughed, heard running water, sneezed, bent over, lifted something or had a strong urge.

Comments – (at the bottom of the table) Special problems and new or changes in medication are recovered here. If a pad change was needed, record the number used during the day at the bottom of the page.

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Midnight					
1 am					
2 am					
3 am					
4 am					
5 am					
6 am					
7 am					
8 am					
9 am					
10 am					
11 am					
Noon					
1 pm					
2 pm					
3 pm					
4 pm					
5 pm					
6 pm					
7 pm					
8 pm					
9 pm					
10 pm					
11 pm					

Comments \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Number of pads \_\_\_\_\_

## Daily Voiding Log

Time of Day	Type & Amount of Food & Fluid Intake	Amount Voided in Seconds	Amount of Leakage S / M / L	Was Urge Present 1 / 2 / 3	Activity with Leakage
Midnight					
1 am					
2 am					
3 am					
4 am					
5 am					
6 am					
7 am					
8 am					
9 am					
10 am					
11 am					
Noon					
1 pm					
2 pm					
3 pm					
4 pm					
5 pm					
6 pm					
7 pm					
8 pm					
9 pm					
10 pm					
11 pm					

Comments \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Number of pads \_\_\_\_\_