

**MIDWEST REGIONAL CENTER FOR CHRONIC PELVIC PAIN
ALLIANCE FOR WOMEN'S HEALTH, INC.
PELVIC FLOOR DYSFUNCTION CHECKLIST**

In order for our Providers to spend quality time with you at your visit and have more time to answer all of your questions we ask that you complete this form while you are in the waiting room. Thank you for your cooperation!

PLEASE CIRCLE THE APPROPRIATE ANSWER

	(0)	(2)	(3)	(4)	(5)		
	◊ <u>Not at all</u>	◊ <u>A few times</u>	◊ <u>Fairly often</u>	◊ <u>Usually</u>	◊ <u>Almost always</u>	()	
	Not at all	Less than 1 time in 5	Less than half the time	About half the time	More than half the time	Almost Always	YOUR SCORE
1. Burning on urination During the past month, have you experienced pain or burning in your bladder?	0	1	2	3	4	5	_____
2. Frequency Over the past month, how often have you had to urinate again less than two hours after you finished urinating?	0	1	2	3	4	5	_____
3. Urgency Over the past month how often have you found it difficult to postpone urination?	0	1	2	3	4	5	_____
4. Nocturia Over the past month, how many times did you most typically get up to urinate from the time you went to bed at night until the time you get up in the morning? CIRCLE THE # OF TIMES YOU GET UP AT NIGHT —————>	0	1	2	3	4	5	_____
5. Incomplete emptying Over the past month, how often have you had a sensation of not emptying your bladder completely after you finished urinating?	0	1	2	3	4	5	_____
6. Intermittency Over the past month, how often have you found you stopped and started again several times when you urinated?	0	1	2	3	4	5	_____
7. Weak stream Over the past month, how often have you had a weak urinary stream?	0	1	2	3	4	5	_____
8. Straining Over the past month, how often have you had to push or strain to begin urination?	0	1	2	3	4	5	_____
9. Leaking Any leaking of urine with coughing, sneezing, jumping, lifting, etc.	Never	Occasionally	Usually	Always			
10. Protection Do you have to wear protection because of this such as pads, panty liners, or depends?	Never	Occasionally	Usually	Always			
11. Constipation Are you experiencing any constipation? Do you have to help push the stool out by placing your fingers in the vagina?	Never	Occasionally	Usually	Always	YES	NO	
12. Diarrhea Are you experiencing diarrhea?	Never	Occasionally	Usually	Always			
13. Back Problems Are you or have you ever experienced back problems?	Never	Occasionally	Usually	Always			

QUALITY OF LIFE DUE TO URINARY SYMPTOMS

If you were to spend the rest of your life with your urinary condition just the way it is now, how would you feel about that?

- Delighted
Pleased
Mostly Satisfied
Mixed Feelings
- Mostly Unhappy
Terrible