



Pelvic Floor Self Assessment

Every woman experiences life changes that can impact your pelvic health, such as changes in your muscles due to aging, childbirth, weight gain, and menopause. Few women seek help for pelvic floor problems due to embarrassment or the feeling that “it’s just a part of life that I have to accept.” There are minimally invasive or non-invasive options that can cure these problems.



“It’s not just a part of life that you have to accept!”

This questionnaire is designed to help you assess your symptoms and decide whether or not to see a specialist. These questions are not intended to diagnose pelvic conditions—only your physician can do that.

Symptoms	Yes	No
Do you have urine leakage when coughing, laughing, sneezing, or lifting something heavy? (Even a few drops of leakage are significant)	<input type="checkbox"/>	<input type="checkbox"/>
Do you have urine leakage associated with urgency?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have difficulty or incomplete emptying of bladder?	<input type="checkbox"/>	<input type="checkbox"/>
Rectum?	<input type="checkbox"/>	<input type="checkbox"/>
Do you wake up more than twice/night to urinate?	<input type="checkbox"/>	<input type="checkbox"/>

Symptoms	Yes	No
Do you have a feeling of fullness in vaginal area?	<input type="checkbox"/>	<input type="checkbox"/>
Rectum?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have straining or pain with bowel movements?	<input type="checkbox"/>	<input type="checkbox"/>
Chronic Constipation?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have stool leakage of any kind?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have urgency associated with bowel movements?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have involuntary loss of gas?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have loss of urine, stool, or gas with intercourse?	<input type="checkbox"/>	<input type="checkbox"/>

Symptoms	Yes	No
Are your bladder or bowel control issues causing you to feel nervous, frustrated, or depressed?	<input type="checkbox"/>	<input type="checkbox"/>
Has loss of bladder or bowel control affected your lifestyle?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have decreased sexual desire?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have pain with intercourse?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have chronic pelvic pain?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have vaginal dryness?	<input type="checkbox"/>	<input type="checkbox"/>

If you answer YES to one or more of these questions, you may be experiencing pelvic problems that are very treatable. A Nurse Navigator is available to talk to you privately about your options. Please call Trish Wheeler at 706-651-3636.