



PELVIC DYSFUNCTION QUESTIONNAIRE

Name: _____ Date: _____

Do you now have or have you had a history of the following? Explain 'yes' responses and include dates.

- | | |
|---------------------------------|--------------------------------------|
| Y/N Abdominal pain | Y/N Joint problems |
| Y/N Allergies | Y/N Low back pain/sciatica |
| Y/N Bladder cancer | Y/N Pelvic pain |
| Y/N Bladder infections | Y/N Pelvic trauma |
| Y/N Blood in urine | Y/N Sensitivity to latex |
| Y/N Broken bones | Y/N Sexual/physical abuse |
| Y/N Childhood bladder problems | Y/N Sexually transmitted diseases |
| Y/N Constant dribbling of urine | Y/N TMJ |
| Y/N Constipation | Y/N Trouble emptying bladder |
| Y/N Fecal incontinence | Y/N Trouble feeling bladder fullness |
| Y/N Fibromyalgia | Y/N Trouble holding back gas |
| Y/N Irritable Bowel Syndrome | Y/N Trouble initiating urine stream |
| Y/N Other (please list) _____ | |

Explain 'yes' responses: _____

Surgical History:

- | | |
|--------------------------------------|----------------------------------|
| Y/N Surgery for your back/spine | Y/N Surgery for bladder |
| Y/N Surgery for your brain | Y/N Surgery for prostate |
| Y/N Surgery for your female organs | Y/N Surgery for abdominal organs |
| Y/N Other type please describe _____ | |

Ob/Gyn History: Explain 'yes' responses and include dates.

- | | |
|-------------------------------------|---|
| Y/N Painful periods | Y/N Fibroids |
| Y/N Painful penetration | Y/N D&C procedure |
| Y/N Pregnancies # _____ | Y/N Endometriosis |
| Y/N Vaginal deliveries # _____ | Y/N Cysts |
| Y/N C-section # _____ | Y/N Vaginal dryness |
| Y/N Episiotomy/Tears # _____ | Y/N Pelvic inflammatory disease |
| Y/N Difficult childbirth | Y/N Unusual discharge |
| Y/N Uterine/rectal/bladder prolapse | Y/N Perimenopause |
| Y/N Prolapse or falling out feeling | Y/N Menopause (date of last period) _____ |

Explain 'yes' responses: _____

