

# PELVIC FLOOR ASSESSMENT

## 1. History of Presenting Illness:

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Duration of Symptoms: \_\_\_\_\_ Progression: Getting Worse / Unchanging / Improving

Bothersome: **Not Distressing** **Very Distressing**  
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## 2. Bladder Function / OAB

Fluid Intake = \_\_\_\_\_

### Voiding Frequency

Day \_\_\_\_\_ Night \_\_\_\_\_

### Bladder Sensation:

Gradual Build / Sudden Unexpected Urgency

Deferment time from first urge = \_\_\_\_\_ min

Frequency that "urgency" occurs \_\_\_\_\_ / \_\_\_\_\_

Urgency Triggers: \_\_\_\_\_

Urge Incontinence: Yes No

\_\_\_\_\_ per day / week / month

Vol: Small Moderate Large

## 3. Night Symptoms

Nocturia \_\_\_\_\_ / night

Bed Wetting as Child Till Age \_\_\_\_\_

Nocturnal Enuresis now Yes No

## 4. Stress Incontinence

Volume Leaked: Small Mod Large

Freq of SUI: \_\_\_\_\_ per day / week / month

Activities: \_\_\_\_\_

?Stress Induced Detrusor Overactivity: Yes / No

## 5. Pad Use

Type \_\_\_\_\_

Number of pads: \_\_\_\_\_ per day

Usually: dry damp soaked

## 6. Sexual Symptoms

Sexually Active Yes No

Coital Incontinence

Penetration Orgasm

Reduced Sensation

Difficulty achieving orgasm

Concern for patient Yes / No

Dyspareunia

Entrance/Initial Penetration

Deep Pain

Positional

## 7. Voiding Dysfunction:

Hover

Hesitancy

Flow: Slow / Normal / Fast

Continuous / Intermittent

Dysuria

Deviated Stream \_\_\_\_\_

Incomplete Emptying

Post-void Dribble

Double-Void After \_\_\_\_\_ min

UTI's \_\_\_\_\_

## 8. Bowel Dysfunction:

BO \_\_\_\_\_ per \_\_\_\_\_

Straining Yes / No Time to defecate \_\_\_\_\_

Digitation Yes / No Vaginal Anal

Stool Type \_\_\_\_\_

Fecal Urgency Faecal Staining

Anal Incontinence: Faecal Flatus

Sampling Ability: Normal / Reduced / Absent

