

# PELVIC FLOOR SCREENING

This questionnaire evaluates pelvic floor function and is based on the Cozean Protocol developed for the general population to improve pelvic floor function throughout a person's lifetime.

✓ Check all that apply.

- I sometimes have pelvic pain (in genitals, perineum, pubic, or bladder area, or pain with urination) that exceeds a '3' on a 1-10 pain scale with 10 being the worst pain imaginable.
- I can remember falling onto my tailbone, lower back or buttocks (even in childhood).
- I often or occasionally have to get up to urinate two or more times a night.
- I sometimes have a feeling of increased pelvic pressure or the sensation of my pelvic organs slipping down or falling out.
- I have history or pain in my low back, hip, groin, or tailbone or have sciatica.
- Prolonged sitting increases my symptoms.
- I sometimes experience pain or discomfort with sexual activity or intercourse.
- Sexual activity increases one or more of my other symptoms.
- I have experienced sexual trauma.
- My work and/or life activities regularly place strain on my pelvic floor muscles.
- I have been pregnant before.
- I have given birth vaginally or via cesarean.
- I sometimes experience accidental loss of urine (common during a sneeze or cough).
- I sometimes experience feeling unable to completely empty my bladder.
- I sometimes experience having to void within a few minutes of a previous void.
- I sometimes experience pain or burning with urination.
- I sometimes experience difficulty starting or frequent stopping/starting of urine stream.
- I sometimes experience loss of bowel control.
- I sometimes experience feeling unable to completely empty my bowel movements.
- I sometimes experience straining or pain with a bowel movement.
- I sometimes experience difficulty initiating a bowel movement.

If you checked 3 or more of these statements, pelvic floor therapy is indicated.  
Share this form with your healthcare provider to discuss care plan and referral options.