

Patient Name: _____ Date: _____

The following questions will ask you if you have certain bowel, bladder or pelvic symptoms and if you do, how much they bother you. While answering these questions, please consider your symptoms over the last 3 months. Mark each question with a "No" or "Yes". If you answer any questions with a "Yes", please provide an appropriate rating to the right.

		If you answer yes, how much does this bother you? Please rate using the scale below.					
		No	Yes	Not At All 1	Somewhat 2	Moderately 3	Quite A Bit 4
1.	Do you usually experience pressure in the lower abdomen?						
2.	Do you usually experience heaviness or dullness in the pelvic area?						
3.	Do you usually have a bulge or something falling out that you can see or feel in the vaginal area?						
4.	Do you usually have to push on the vagina or around the rectum to have or complete a bowel movement?						
5.	Do you usually experience a feeling of incomplete bladder emptying?						
6.	Do you ever have to push up on a bulge in the vaginal area with your finger to start or complete urination?						
7.	Do you feel you need to strain too hard to have a bowel movement?						
8.	Do you feel you have not completely emptied your bowels at the end of a bowel movement?						
9.	Do you usually lose stool beyond your control if your stool is well formed?						
10.	Do you usually lose stool beyond your control if your stool is loose or liquid?						
11.	Do you usually lose gas from the rectum beyond your control?						
12.	Do you usually have pain when you pass your stool?						

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If you answered yes, how much does this bother you? Please rate using the scale below.

		No	Yes	Not At All 1	Somewhat 2	Moderately 3	Quite a Bit 4
13.	Do you experience a strong sense of urgency and have to rush to the bathroom to have a bowel movement?						
14.	Does a part of your bowel ever pass through the rectum and bulge outside during or after a bowel movement?						
15.	Do you usually experience frequent urination?						
16.	Do you usually experience urine leakage associated with feeling of urgency; that is, a strong sensation of needing to go to the bathroom?						
17.	Do you usually experience urine leakage related to coughing, sneezing, or laughing?						
18.	Do you usually experience small amounts of urine leakage (that is, drops)?						
19.	Do you usually experience difficulty emptying your bladder?						
20.	Do you usually experience pain or discomfort in the lower abdomen or genital region?						

For Staff Use Only:

Totals:	
Questions 1-6	
Questions 7-14	
Questions 15-20	
Grand Total:	