

Pelvic Floor Function Survey

Name: _____

BLADDER:

1. Circle the symptoms that best describe you:

- a. I feel the urge to urinate very frequently
- b. I feel the sudden, strong urge to urinate
- c. Sometimes my urine leaks because I can't make it to bathroom in time
- d. Sometimes my urine leaks when I cough, sneeze, or exercise
- e. I can't seem to fully empty my bladder

2. Circle medications you have tried due to these symptoms:

- a. I have not tried any
- b. Vesicare
- c. Myrbetriq
- d. Toviaz
- e. Enablex
- f. Detrol
- g. Ditropan
- h. Flomax
- i. Rapaflo
- j. Other: _____

3. Did medications help?

- a. No, they did not help
- b. They helped somewhat, but I still have symptoms
- c. They helped substantially, I have almost no more symptoms or am symptom free

BOWEL:

1. Circle the symptoms that best describe you:

- a. I have bowel accidents because I can't make it to the bathroom in time
- b. I have bowel accidents when I am asleep
- c. I have frequent loose, watery stools
- d. Other: _____

2. How many bowel accidents do you have per week?

- a. I have less than one per week
- b. I have approximately one per week
- c. I have more than one per week

3. Circle medications have you tried:

- a. Immodium
- b. Imotil
- c. Loperamide
- d. Other: _____

4. Have you seen a Gastroenterologist, Colorectal Surgeon, or any other specialist for your bowel problems? Circle: Yes / No