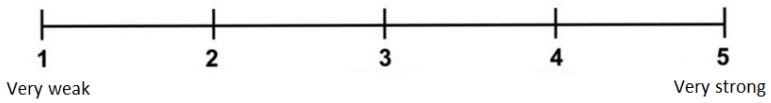
Pelvic Health Questionnaire – Baseline

Patient's name:	**Date:**
Sex: □ **Male** □ **Female**	**Date of birth:**

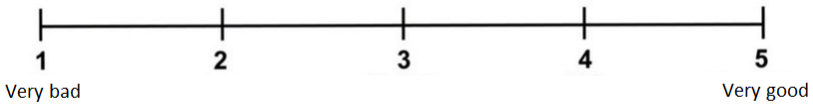
How would you describe your overall health at present?

☐ Very good
☐ Good
☐ Fair
☐ Poor
☐ Very poor

On a scale of 0-5, how would you rate your pelvic floor muscles strength?



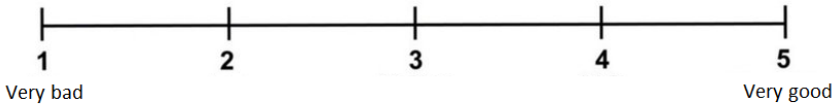
On a scale of 0-5, how would you rate your quality of sleep?



How many times per week do you exercise?

☐ 0
☐ 1-2
☐ 3-4
☐ 5+

On a scale of 0-5, how would you rate your sexual libido/desire?



During the last few months, have you accidentally leaked urine? (e.g. when laughing, jumping, sneezing) If yes, how often?

☐ No
☐ About once a week or less often
☐ Two or three times a week
☐ Daily

When does urine leak? (select all that apply)

☐ Leaks when you have finished urinating and are dressed
☐ Leaks when you cough or sneeze
☐ Leaks when you are asleep
☐ Leaks before you can get to the toilet
☐ Leaks when you are physically active/exercising
☐ Leaks for no obvious reason
☐ Leaks all the time

How much urine do you usually leak?

☐ A small amount
☐ A moderate amount
☐ A large amount

How many times per night do you wake up to use the restroom?

☐ 0
☐ 1-2
☐ 3-4
☐ 4+

Do you wear hygiene pads to keep dry?

☐ Never
☐ About once or twice a week
☐ Three to four times a week
☐ Daily

How much do you think your bladder problems affect your quality of life?

☐ Not at all
☐ A little
☐ Moderately
☐ A lot

Does your bladder problem limit your intimate relationship with your partner?

☐ Not at all
☐ A little
☐ Moderately
☐ A lot
☐ Not applicable

Does your bladder problem make you feel depressed/anxious?

☐ Not at all
☐ A little
☐ Moderately
☐ Very much