Cozean Pelvic Dysfunction Screening Protocol

Instructions: 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 sometimes experience one or more of the following urinary symptoms:
  - Accidental loss of urine
  - Feeling unable to completely empty my bladder
  - Having to void within a few minutes of a previous void
  - Pain or burning with urination
  - Difficulty starting or frequent stopping/starting of urine stream
- ○ 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.
- ○ I sometimes experience one or more of the following bowel symptoms:
  - Loss of bowel control
  - Feeling unable to completely empty my bowel movements
  - Straining or pain with a bowel movement
  - Difficulty initiating a bowel movement
- ○ I sometimes experience pain or discomfort with sexual activity or intercourse.
- ○ Sexual activity increases one or more of my other symptoms.
- ○ Sexual activity increases one or more of my other symptoms.

If you checked 3 or more boxes, pelvic floor dysfunction is likely.

ANDERSONVILLE PHYSICAL THERAPY

5414 N. Broadway St, Chicago, IL 60640 | andersonvillePT.com | (773) 907-3599 |

© Pelvic Dysfunction Screening Protocol form by Nicole Cozean, PT, DPT, WCS, CSCS* and Jesse Cozean, MBA , All rights reserved.