



TherapySolutions

Male Pelvic Symptom Questionnaire

Welcome to TherapySolutions! Please answer the following questions to the best of your ability. Check all boxes that apply.

Name: _____

Date: _____

Major Complaint: _____

Bladder/Bowel Habits and Pelvic Floor Symptoms

- Trouble initiating urine stream
- Urinary intermittent/slow stream
- Trouble emptying bladder
- Difficulty stopping the urine stream
- Constant urine leakage
- Blood in urine
- Painful urination
- Trouble feeling bladder urges/fullness
- Trouble feeling bowel urges/fullness
- Constipation/straining
- Trouble holding back gas/feces
- Recurrent bladder infections
- Straining or pushing to empty bladder
- Dribbling after urination
- Latex sensitivity or allergy
- Low back pain/sciatica
- Sexually transmitted diseases
- HIV/AIDS
- Pelvic pain
- Childhood bladder problems
- Other: _____

Frequency of urination during waking hours? _____

Frequency of urination during night/sleep hours? _____

When you have a normal urge to urinate, how long can you delay before you absolutely have to go to the restroom?

- Minutes
- Hours
- Cannot hold it at all

The usual amount of urine passed

- Small
- Medium
- Large

Frequency of bowel movements

_____ Times per day
 _____ Times per week
 _____ Times per _____

Average intake of fluid (one glass=8oz.)

_____ Glasses per day
 Of this total how many are caffeinated?
 _____ Glasses per day

If experiencing pelvic pain, what would you rate your pain as today?

_____ (0=no pain 10=worst imaginable)
if it increases, to what rated level _____

During what activities? _____

If experiencing pelvic pain, how would you describe it? _____



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- Moderate protection(absorbent products, maxi pads)
- Maximum protection (specialty products/ diaper)
- Other:_____

On average how many pad/protection changes are required in a 24 hr. period?

_____Number of pads

SKIP THE FOLLOWING QUESTIONS IF NO LEAKAGE OR INCONTINENCE.

Bladder leakage number of episodes

- _____None
- _____Times per day
- _____Times per week
- _____Times per month
- _____Only with physical exertion (including coughing/sneezing)

On average, how much urine do you leak?

- None
- Just a few drops
- Wets underwear
- Wets outerwear
- Wets the floor

Bowel Leakage number of episodes

- _____None
- _____Times per day
- _____Times per week
- _____Times per month
- _____Only with exertion/strong urge

How much do you lose?

- None
- Stool Staining
- Small amount in underwear
- Completely emptying

What form of protection do you wear? (Please chose only one)

- None
- Minimal protection (toilet tissue/paper/towel/panty liners)

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