

Pelvic PT Screening Tool

- Do you have pain in your pelvis or experience pain during or after intercourse?
- Are you overweight, obese or have a BMI over 25?
- Do you frequently lift heavy weights (e.g. at work or the gym)?
- Do you ever leak urine when you exercise (run, jump, etc.), play sport, laugh, cough or sneeze?
- Do you cough or sneeze a lot?
- Do you need to get to the toilet in a hurry - or not make it there in time?
- Do you find it difficult to empty your bladder or bowels?
- Ever lose control of your bowel or accidentally pass gas?
- Are you pregnant or planning a pregnancy?
- Have you recently (or ever) had a baby?
- If you have had a baby, did you experience perineal tears, a forceps birth, difficult vaginal delivery or a baby larger than 8lbs?
- If you've had a baby, do you have concerns about how to return to exercise safely?
- Are you going through or have been through menopause?
- Are you an athlete or do you participate in high intensity exercise?
- Have you ever injured your pelvic region?
- Do you experience constipation or often strain on the toilet?
- Have you ever undergone any gynecological or pelvic surgery?
- Do you have a prolapse (e.g. a bulge or feeling of heaviness, discomfort, pulling, dragging or dropping in the vagina or perineal area)?
- Do you have bladder or bowel control problems after surgery for prostate cancer or prostate enlargement?
- Do you have bladder or bowel control problems after pelvic radiotherapy?
- Do you have persistent pain in your pelvic area (e.g. bladder, vagina, rectum, lower abdominals, hips, penis, testes/scrotum, between the scrotum and anus)?
- Frequently have pain when you urinate, ejaculate or defaecate?
- Do you frequently lift heavy weights and feel pain or pressure in pelvic area (e.g. at work or the gym)?
- Get up more than once a night to urinate?