



It's about you

Outpatient Rehabilitation
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Bowel and Bladder Health Questionnaire

1. Do you urinate more than every two hours in the daytime? Y/N
2. Do you urinate more than 1-2 times during the night? Y/N
3. Do you struggle making it the restroom on time when having an urge to go? Y/N
4. Do you strain to pass urine or a bowel movement (constipated)? Y/N
5. Do you have an urge to go but when you get to the toilet very little urine comes out? Y/N
6. Do you lack the feeling that you have to go to the restroom? Y/N
7. Do you empty your bladder frequently, before you have the sensation to pass urine? Y/N
8. Do you have the feeling that your bladder is still full after urinating? Y/N
9. Do you experience slow urinary stream? Y/N
10. Do you have difficulty starting your stream of urine or having loose stools (diarrhea?) Y/N
11. Do you have “triggers” that make you feel like you can’t wait to go to the toilet?
(running water, opening of a garage door, leaving for an appointment) Y/N
12. Do you have leakage of fluid or stool with coughing, laughing, or sneezing? Y/N
13. Do you have pelvic pain with intercourse? Y/N
14. Do you lose gas from your rectum beyond your control? Y/N
15. Do you experience heaviness or dullness in the pelvic area? Y/N
16. Rate the following statement as it applies to you today.
My bladder is controlling my life. 0: Not at all true 10: completely true
0 1 2 3 4 5 6 7 8 9 10

If you answered YES to any of these questions, then you could benefit from conservative treatment of your bowl or bladder. Talk to your health care provider for a referral to your local pelvic floor therapist!