KAREN BALAC PHYSICAL THERAPY, PLC
KAREN BALAC, MPT
20614 HUTTON CIRCLE, LEESBURG, VA 20175
703.709.0074

SYMPTOM QUESTIONNAIRE

Name ____ Date______________

1. Describe your main problem ____
____

2. When did your bowel or bladder problem first begin?___months ago or____years ago

3. Was your first episode of the problem related to a specific incident? Yes/No
   Please describe and specify date____ ______
   ____

4. Since that time is it: staying the ___ same ___ getting worse ___ getting better.
   Why or how?____

5. Frequency of urination: awake hours _____times per day, sleep hours __ times per night.

6. When you have a normal urge to urinate, how long can you delay before you have to go to the toilet? ____ minutes, ___ hours, ___ not at all

7. The usual amount of urine passed is: ___small ___ medium___ large.

8. Frequency of bowel movements ___ times per day, ___ times per week, or ________.

9. When you have an urge to have a bowel movement, how long can you delay before you have to go to the toilet? ____ minutes, ___ hours, ___ not at all

10. Average fluid intake (one glass is 8 oz or one cup) _____ glasses per day.
    Of this total how many glasses are caffeinated?______ glasses per day.

11. Rate a feeling of organ "falling out" or pelvic heaviness/pressure:
___None present
___Times per month (specify if related to activity or your period)
___With standing for ___ minutes or ___hours
___With exertion or straining
___Other____

Skip to question #16 if no leakage.

12a. Bladder leakage - number of episodes
- ___ No leakage
- ___ Times per day
- ___ Times per week
- ___ Times per month
- ___ Only with physical exertion/cough

12b. Bowel leakage - number of episodes
- ___ No leakage
- ___ Times per day
- ___ Times per week
- ___ Times per month
- ___ Only with exertion

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13a. On average, how much urine do you leak?
__ No leakage
__ Just a few drops
__ Wets underwear
__ Wets outerwear
__ Wets the floor

13b. How much stool do you lose?
__ No leakage
__ Stool staining
__ Small amount in underwear
__ Complete emptying

14. What form of protection do you wear? (Please complete only one)
___None
___Minimal protection (Tissue paper/paper towel/pantishields)
___Moderate protection (absorbent product, maxipad)
___Maximum protection (Specialty product/diaper)
Other____

15. On the average, how many pad changes are required in 24 hours?_________# of pads.

16. Activities/events that cause your symptoms. Check all that apply
___ Strong urge to go
___ Walking to the toilet
___ Changing positions (example - sit to stand)
___ No activity changes the problem
___ With cough/sneeze/ laugh /yell
___ Vigorous activity or exercise (running, weight lifting, jumping)
___ Light activity (walking, light housework)
___ Sexual activity
___ Other, please list____

17. How has your lifestyle/quality of life been altered or changed because of this problem? Please respond to all that apply.
___Social activities (exclude physical activities), specify___________________________

___Diet /Fluid intake, specify ____

___Physical activity, specify ____

___Work, specify ____

___Other____

18. Rate your feelings as to the severity of this problem from 0 -10 with 0 being no problem and 10 being the worst _________.

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