



### **INFORMED CONSENT FOR PELVIC FLOOR MUSCLE EVALUATION**

During the occupational therapy evaluation for the symptoms you have reported, an assessment of your low back, hips, and pelvic girdle will be performed by an occupational therapist in order to identify any musculoskeletal imbalances. This may include an evaluation of your pelvic floor muscles for strength, resting tone (tightness), and coordination (contract/relax). The findings will be discussed with you, and you will work with your occupational therapist to develop a treatment plan that is appropriate for YOU. Your evaluation MAY include an internal assessment of the pelvic floor muscles, which could be completed vaginally. Your occupational therapist will discuss this option and receive your consent BEFORE initiating this exam. You absolutely can say NO, and your occupational therapist can assess and treat the pelvic floor muscles externally (from the outside) if needed. The assessment of the pelvic floor muscles may result in soreness or discomfort temporarily. If this occurs, please discuss your symptoms with your occupational therapist.

We realize that many patients may be apprehensive because of the private nature of the condition and the examination. Please ask as many questions as you need to increase your comfort and understanding of your evaluation, its findings, and treatment. Please discuss any concerns or hesitation that you may have with your occupational therapist.

By signing this form, you agree and understand that treatment as indicated above may be necessary for effective treatment of your problem, and you agree that we have your permission to treat as discussed. You are always free to change your mind at any time during your course of treatment, and you are encouraged to notify your occupational therapist of any changes of your preferences.

If you consent, you have the option to have a second person in the room for the pelvic floor muscle evaluation and treatment (as described above). The second person could be a friend, family member, or clinic staff member. Please indicate your preference with your initials:

\_\_\_\_\_ **YES** I want a second person present during the pelvic floor muscle evaluation and treatment.

\_\_\_\_\_ **NO** I do not want a second person during the pelvic floor muscle evaluation and treatment.

\_\_\_\_\_ I would like to discuss my options with my occupational therapist prior to consenting.

#### **CONSENT**

I have read and understand the Informed Consent for Pelvic Floor Muscle Evaluation, and I consent to the evaluation and treatment, unless otherwise noted below.

**Signature:**

**Date:** \_\_\_\_\_



**QUEENSLAND FEMALE PELVIC FLOOR QUESTIONNAIRE**

**PATIENT:**

**DATE:** \

**PRIMARY PROBLEM:**

**Duration:**

**SECONDARY:**

**Bladder section**

**Q 1-14**

**Score** \_\_\_ / 42 = \_\_\_

<p><b>Urinary frequency</b> How many times do you pass urine in the day? 0 up to 7 1 between 8-10 2 between 11-15 3 more than 15</p>	<p><b>Nocturia</b> How many times do you get up at night to pass urine? 0 0-1 1 2 2 3 3 more than 3 times</p>	<p><b>Nocturnal enuresis</b> Do you wet the bed before you wake up? 0 never 1 occasionally - less than 1/week 2 frequently --once or more/week 3 always - every night</p>
<p><b>Urgency</b> Do you need to rush/hurry to pass urine when you get the urge? 0 never 1 occasionally - &lt; 1/week 2 frequently - ≥ 1/week 3 daily</p>	<p><b>Urge incontinence</b> Does urine leak when you rush/hurry to the toilet/Can you make it in time? 0 never 1 occasionally - &lt; 1/week 2 frequently - ≥ 1/week 3 daily</p>	<p><b>Stress incontinence</b> Do you leak with coughing, sneezing, laughing, exercising? 0 never 1 occasionally - &lt; 1/week 2 frequently - ≥ 1/week 3 daily</p>
<p><b>Weak stream</b> Is your urinary stream/flow weak/prolonged/slow? 0 never 1 occasionally - &lt; 1/week 2 frequently - ≥ 1/week 3 daily</p>	<p><b>Incomplete bladder emptying</b> Do you have a feeling of incomplete bladder emptying? 0 never 1 occasionally - &lt; 1/week 2 frequently - ≥ 1/week 3 daily</p>	<p><b>Strain to empty</b> Do you need to strain to empty your bladder? 0 never 1 occasionally - &lt; 1/week 2 frequently - ≥ 1/week 3 daily</p>
<p><b>Pad usage</b> Do you have to wear pads? 0 none - never 1 as a precaution 2 with exercise/during a cold 3 daily</p>	<p><b>Reduced fluid intake</b> Do you limit your fluid intake to decrease leakage? 0 never 1 before going out/socially 2 moderately 3 daily</p>	<p><b>Recurrent UTI</b> Do you have frequent bladder infections? 0 no 1 1-3/year 2 4-12/year 3 &gt; 1/month</p>
<p><b>Dysuria</b> Do you have pain in your bladder/urethra when you empty your bladder? 0 never 1 occasionally - &lt; 1/week 2 frequently - ≥ 1/week 3 daily</p>	<p><b>Impact on social life</b> Does urine leakage affect your routine activities (recreation, shopping etc.) 0 not at all 1 slightly 2 moderately 3 greatly</p>	<p><b>How much of a bother</b> is your bladder problem to you? 0 no problem 1 slightly 2 moderately 3 greatly</p>
<p><b>Other symptoms</b> (haematuria, pain etc.)</p>		

**Bowel Section Q15-26**

**Score** \_\_\_ / 36 = \_\_\_

<p><b>Defaecation frequency</b> How often do you usually open your bowels? 2 &lt; 1/week 1 &lt; every 3 days 0 &gt; 3/week or daily 0 &gt; more than 1/day</p>	<p><b>Consistency of bowel motion</b> How is the consistency of your usual stool? 0 soft                      0 firm 1 hard / pebbles 2 watery 1 variable</p>	<p><b>Defaecation straining</b> Do you have to strain a lot to empty your bowels? 0 never 1 occasionally - &lt; 1/week 2 frequently - ≥ 1/week 3 daily</p>
<p><b>Laxative use:</b> Do you use laxatives to empty your bowels? 0 never 1 occasionally - &lt; 1/week 2 frequently - ≥ 1/week 3 daily</p>	<p><b>Do you feel constipated?</b> 0 never 1 occasionally - &lt; 1/week 2 frequently - ≥ 1/week 3 daily</p>	<p><b>Flatus incontinence</b> When you get wind/flatus, can you control it or does wind leak? 0 never 1 occasionally - &lt; 1/week 2 frequently - ≥ 1/week 3 daily</p>
<p><b>Faecal urgency</b> Do you get an overwhelming sense of urgency to empty bowels? 0 never 1 occasionally - &lt; 1/week 2 frequently - &gt; 1/week 3 daily</p>	<p><b>Faecal incontinence with diarrhoea</b> Do you leak watery stool when you don't mean to? 0 never 1 occasionally - &lt; 1/week 2 frequently - ≥ 1/week 3 daily</p>	<p><b>Faecal inc. with normal stool</b> Do you leak normal stool when you don't mean to? 0 never 1 occasionally - &lt; 1/week 2 frequently - ≥ 1/week 3 daily</p>



**QUEENSLAND FEMALE PELVIC FLOOR QUESTIONNAIRE**

<b>Incomplete bowel evacuation</b> Do you have the feeling of incomplete bowel emptying? 0 never 1 occasionally – < 1/week 2 frequently -> 1/week 3 daily	<b>Obstructed defecation</b> Do you use finger pressure to help empty your bowel? 0 never 1 occasionally – < 1/week 2 frequently -≥ 1/week 3 daily	<b>How much of a bother</b> is your bowel problem to you? 0 no problem 1 slightly 2 moderately 3 greatly
<b>Other symptoms</b> (pain, mucous discharge, rectal prolapse etc.)		

*Prolapse section*

*Q27 –31*

*Score \_\_\_\_ / 15 = \_\_\_\_*

<b>Prolapse sensation</b> Do you get a sensation of tissue protrusion in your vagina/lump/bulging? 0 never 1 occasionally – < 1/week 2 frequently -≥ 1/week 3 daily	<b>Vaginal pressure or heaviness</b> Do you experience vag. pressure/ heaviness/dragging sensation? 0 never 1 occasionally – < 1/week 2 frequently -≥ 1/week 3 daily	<b>Prolapse reduction to void</b> Do you have to push back your prolapse in order to void? 0 never 1 occasionally – < 1/week 2 frequently -≥ 1/week 3 daily
<b>Prolapse reduction to defaecate</b> Do you have to push back your prolapse to empty your bowels? 0 never 1 occasionally – < 1/week 2 frequently -≥ 1/week 3 daily	<b>How much of a bother</b> is the prolapse to you? 0 no problem 1 slightly 2 moderately 3 greatly	
<b>Other symptoms</b> (problems sitting/walking, pain, vag. bleeding)		

*Sexual function Section Q 32 –*

*Score \_\_\_\_ / 19*

<b>Sexually active?</b> Are you sexually active? no < 1/week ≥ 1/week most days / daily	<b>If NOT, why not:</b> no partner partner unable vaginal dryness too painful embarrassment other Prolapse } Prolapse } <b>19</b>	<b>Sufficient lubrication</b> Do you have sufficient lubrication during intercourse? 1 no 0 yes
<b>During intercourse vaginal sensation is:</b> 3 none 3 painful 1 minimal 0 normal / pleasant	<b>Vaginal laxity</b> Do you feel that your vagina is too loose or lax? 0 never 1 occasionally 2 frequently 3 always	<b>Vaginal tightness/vaginismus</b> Do you feel that your vagina is too tight? 0 never 1 occasionally 2 frequently 3 always
<b>Dyspareunia</b> Do you experience pain with intercourse: 0 never 1 occasionally 2 frequently 3 always	<b>Dyspareunia where</b> Where does the pain occur no pain at the entrance of the vagina deep inside/ in the pelvis both	<b>Coital incontinence</b> Do you leak urine during sex? 0 never 1 occasionally 2 frequently 3 always
<b>How much of a bother</b> are these sexual issues to you? Not applicable 0 no problem at all 1 slight problem 2 moderate problem 3 great problem	<b>Other symptoms</b> (coital flatus or faecal incontinence, vaginismus etc.)	

**TOTAL Pelvic floor Dysfunction SCORE: \_\_\_\_\_**