



Saint Thomas Outpatient Rehabilitation

TAKE THE FOLLOWING QUESTIONNAIRE TO DETERMINE IF YOUR SYMPTOMS CAN BE HELPED!

1. Do you have leakage or urine which prevents activities?
2. Do you have leakage of urine causing embarrassment?
3. Do you suffer from leakage of urine which began or continued after an operation such as hysterectomy, C-section or prostate surgery?
4. Do you suffer from the inability to urinate?
5. Are you urinating more frequently without a proven bladder infection?
6. Do you have pain related to filling the bladder and/or losing urine if you do not “arrive in time”?
7. Do you have pain related to filling the bladder and/or pain related to urination (in the absence of a bladder infection)?
8. Do you have frequent bladder infections?
9. Do you have progressive weakness of the urinary stream with or without a feeling of incomplete bladder emptying?
10. Do you have abnormal urination or changes in urination related to a nervous system abnormality (stroke, spinal cord injury, etc.)?
11. Do you have pain with intercourse?
12. Do you have pelvic or abdominal pain?

IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, CALL [615.284.PT4U \(7848\)](tel:615.284.PT4U) AND SCHEDULE AN APPOINTMENT WITH A PELVIC FLOOR PHYSICAL THERAPIST.