



Maple Health Care & Rehab

GENERAL PELVIC HEALTH QUESTIONNAIRE

Have you ever had problems or been diagnosed with:

Yes No

___ ___ 1. Abdominal surgery or procedure

___ ___ 2. Pelvic surgery or procedure

___ ___ 3. Hemorrhoids

___ ___ 4. Fibroids

___ ___ 5. Sensory deficits

___ ___ 6. Loss of balance

___ ___ 7. Seizures / Epilepsy

___ ___ 8. Recent viral infection

___ ___ 9. Thyroid condition

___ ___ 10. Sleep Apnea

___ ___ 11. Fibromyalgia

___ ___ 13. Chronic Fatigue Syndrome

___ ___ 14. Endometriosis

Yes No

___ ___ 15. Interstitial Cystitis

___ ___ 16. Painful Bladder Syndrome

___ ___ 17. Irritable Bowel Syndrome

___ ___ 18. Urinary or Fecal Incontinence

___ ___ 19. Recurrent Urinary Tract Infection

___ ___ 20. Recurrent Yeast Infection

___ ___ 21. Hernia

___ ___ 22. Pelvic organ prolapse

___ ___ 23. Other bowel/bladder issue

___ ___ 24. Do you have a pacemaker, phrenic nerve or other stimulator?

___ ___ 25. Do you have metal fixations, plates/screws anywhere in your body?

___ ___ 26. Any other medical conditions?

In the past week please rate your pain level on a scale from 0-10: 0=no pain, 10=worst pain

Best pain level this week: _____ Worst pain level this week: _____ Not applicable _____