

## Cozean Pelvic Dysfunction Screening Protocol

## INSTRUCTIONS: CHECK ALL THAT APPLY

- O I sometimes have pelvic pain (in genitals, perineum, pubic, or bladder area, or pain with urination) that exceeds a '3' on a 1-10 pain scale, with 10 being the worst pain imaginable.
- O I can remember falling onto my tailbone, lower back or buttocks (even in childhood).

I sometimes experience one or more of the following urinary symptoms:

- O Accidental loss of urine
- Feeling unable to completely empty my bladder
- O Having to void within a few minutes of a previous void
- Pain or burning with urination
- Difficulty starting or frequent stopping/starting of urine stream
- O I often or occasionally have to get up to urinate two or more times at night.
- O I sometimes have a feeling of increased pelvic pressure or the sensation of my pelvic organs slipping down or falling out.
- O I have a history of pain in my low back, hip, groin, or tailbone or have had sciatica.

I sometimes experience one or more of the following bowel symptoms:

- O Loss of bowel control
- O Feeling unable to completely empty my bowels
- O Straining or pain with a bowel movement
- O Difficulty initiating a bowel movement
- O I sometimes experience pain or discomfort with sexual activity or intercourse.
- O Sexual activity increases one or more of my other symptoms.
- O Prolonged sitting increases my symptoms.

## IF YOU CHECKED 3 OR MORE CIRCLES, PELVIC FLOOR DYSFUNCTION IS LIKELY.

Centralized Scheduling: (602) 559-9700

For all locations, providers and services:

www.spoonerpt.com

Cozean N and Cozean J. Creating a Screening Questionnaire to Identify Patients with Musculoskeletal Components to Pelvic Pain and Symptoms, International Pelvic Pain Society, 2017