The Pelvic Function Questionnaire

Patient name: _____ Date: _____

Please tick your response to the following questions:

		Disagree 0	**Agree** 1
1	Have you had any pregnancies?	☐	☐
2	Did you deliver by C-section or normally (vaginally)?	☐	☐
3	Do you experience unwanted leaking of urine with a cough, laugh, sneeze, or with exercise?	☐	☐
4	Are there activities you avoid because of unwanted leaking of urine?	☐	☐
5	Can you retain a tampon?	☐	☐
6	Have you had a vaginal birth after cesarean (Long labor followed by C-section)?	☐	☐
7	Do you wake at night to go to the bathroom?	☐	☐
8	Do you have any issues with dizziness?	☐	☐

9. How many deliveries have you had? _____

Score_____