KAISER PERMANENTE®

# Kaiser Permanente 21 Urinary Incontinence and Pelvic Floor Dysfunction Questionnaire

**Medical Record #**: _____ **DATE:** _____

**Name**: _____

This questionnaire will ask how much bowel, bladder and / or pelvic floor symptoms bother you. Answer these questions by checking the number which corresponds to how much the symptom bothers you. If you are unsure about how to answer a question, give the best answer you can. While answering these questions, please consider your symptoms over the **last 3 months**.

**Part 1**

| **Do you experience and if so, how much are you bothered by:** | **Not at all / Does not happen** | **Slightly** | **Moderately** | **Greatly** |
|---|---|---|---|---|
| 1. Frequent urination? | ☐ 0 | ☐ 1 | ☐ 2 | ☐ 3 |
| 2. Urine leakage related to the feeling of urgency | ☐ 0 | ☐ 1 | ☐ 2 | ☐ 3 |
| 3. Urine leakage related to physical activity, coughing or sneezing? | ☐ 0 | ☐ 1 | ☐ 2 | ☐ 3 |
| 4. Small amounts of urine leakage (drop)? | ☐ 0 | ☐ 1 | ☐ 2 | ☐ 3 |
| 5. Difficulty with emptying your bladder? | ☐ 0 | ☐ 1 | ☐ 2 | ☐ 3 |
| 6. Pain, pressure or bulge in the lower pelvic region | ☐ 0 | ☐ 1 | ☐ 2 | ☐ 3 |
| 7. The need to strain too hard to have a bowel movement? | ☐ 0 | ☐ 1 | ☐ 2 | ☐ 3 |
| 8. Not completely emptying your bowels at the end of a bowel movement? | ☐ 0 | ☐ 1 | ☐ 2 | ☐ 3 |
| 9. Leakage of stool beyond your control if your stool is well formed? | ☐ 0 | ☐ 1 | ☐ 2 | ☐ 3 |
| 10. Leakage of stool beyond your control is the stool is loose or liquid? | ☐ 0 | ☐ 1 | ☐ 2 | ☐ 3 |
| 11. Leakage of gas from your rectum beyond your control | ☐ 0 | ☐ 1 | ☐ 2 | ☐ 3 |
| 12. A strong sense of urgency and have to rush to the bathroom to have a bowel movement? | ☐ 0 | ☐ 1 | ☐ 2 | ☐ 3 |
| 13. Pain when you pass your stool? | ☐ 0 | ☐ 1 | ☐ 2 | ☐ 3 |
| 14. A part of your bowel passing through the rectum during or after a bowel movement? | ☐ 0 | ☐ 1 | ☐ 2 | ☐ 3 |

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**Name**: _____

**Part 2**

**Instructions**

Some women find that bladder, bowel or vaginal symptoms affect their activities, relationships and feelings. For each question, check the response that best describes how much your activities, relationships or feelings you have been affected by your bladder, bowel, or vaginal symptoms or conditions.

| **Has urine or stool leakage or prolapse affected your:** | **Not at all / Does not happen** | **Slightly** | **Moderately** | **Greatly** |
|---|---|---|---|---|
| 15. Ability to do household chores (cooking, housecleaning, laundry)? | ☐ 0 | ☐ 1 | ☐ 2 | ☐ 3 |
| 16. Ability to do physical activities such as walking, swimming or other exercise? | ☐ 0 | ☐ 1 | ☐ 2 | ☐ 3 |
| 17. Entertainment activities such as going to a movie or concert? | ☐ 0 | ☐ 1 | ☐ 2 | ☐ 3 |
| 18. To travel by car or bus for a distance > 3 0 minutes away from home? | ☐ 0 | ☐ 1 | ☐ 2 | ☐ 3 |
| 19. Participating in social activities outside your home? | ☐ 0 | ☐ 1 | ☐ 2 | ☐ 3 |
| 20. Emotional health (nervousness, depression, etc.)? | ☐ 0 | ☐ 1 | ☐ 2 | ☐ 3 |
| 21. Feelings of frustration? | ☐ 0 | ☐ 1 | ☐ 2 | ☐ 3 |