

The Integrated Feminine  
Pelvic Floor Therapy  
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Use the assessment below to evaluate your pelvic floor health needs.

Bladder:

- Do you leak urine with any activity or exercise?
- Do you go to the toilet more than once every 2-3 hours? (Or more than 8 times a day?)
- Do you experience a strong urge to go to the bathroom and difficulty holding it?
- Are you unable to stop the flow of urine?
- Do you have difficulty starting the stream of urine?
- Are you unable to completely empty your bladder?
- Do you ever have to push or strain to get the rest out?

Bowel:

- Do you experience trouble holding stool in?
- Do you have difficulty getting everything out?
- Do you experience constipation and/or strain to empty your bowels?

Sexual:

- Do you have pain or discomfort with sex? 'Pain' can range from mild discomfort to intense, sharp burning pain.
- Do you have difficulty reaching orgasm?
- Do you ever have pain with orgasm?

Pain:

- Do you have any pain or discomfort around the vulva (or labia) with tight clothing or light touch to the area?
- Do you experience any pain with the use of tampons or during a pap smear?
- Do you have any pain in the vagina?
- Do you have any sharp pains in the rectum or abdomen?
- Do you have any pain with urinating or bowel movements?

Prolapse:

- Do you feel any heaviness or pressure in the vagina or rectum?
- Have you noticed a bulge into the vagina or the feeling of something 'poking out'?

Other:

- Do you experience a lot of abdominal cramping pain with periods?
- Do you have tailbone pain that is lasting more than one month?
- Do you have pain in your pubic bone, sacro-iliac (SI) joint, lower back, hip or groin that doesn't respond to regular treatment?