

Goodbye, Pelvic Floor Disorders.

It's time to talk about it. If you check "yes" to any of the symptoms listed here, download this form and take it to your next appointment with your personal physician. Improving your pelvic health may be easier and less invasive than you may expect.

1. During the last three months, did you leak urine (check "yes" to all that apply):

- | | | |
|--|-----|----|
| • When you were performing some physical activity, such as coughing, sneezing, lifting, or exercise? | Yes | No |
| • When you had the urge or feeling that you needed to empty your bladder, but you could not get to the toilet fast enough? | Yes | No |
| • Without physical activity and without a sense of urgency? | Yes | No |

2. During the last three months, did you leak urine most often (check only one):

- | | | |
|--|-----|----|
| • When you are performing some physical activities, such as coughing, sneezing, lifting, or exercise? | Yes | No |
| • When you had the urge or feeling that you needed to empty your bladder, but you could not get to the toilet fast enough? | Yes | No |
| • Without physical activity or a sense of urgency? | Yes | No |
| • About equally as often with physical activities as with a sense of urgency? | Yes | No |

3. Do you:

- | | | |
|---|-----|----|
| • Have a sensation that there is a bulge in your vagina or that something is falling out from your vagina? | Yes | No |
| • Have the feeling of a bulge in the vaginal area makes it difficult to have sexual relations? | Yes | No |
| • Wear liners, pads, diapers, or toilet paper, or do you change your undergarments to protect your clothes from loss of urine or stool? | Yes | No |
| • Lose stool beyond your control? | Yes | No |
| • Worry that you may leak urine, stool or gas during sexual relations? | Yes | No |

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Appointments: (844) 882-8493
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