



Cozean Pelvic Dysfunction Screening Protocol

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:

- ☐ Yes
☐ No

I can remember falling onto my tailbone, lower back, or buttocks (even in childhood):

- ☐ Yes
☐ No

I often or occasionally have to get up to urinate two or more times at night:

- ☐ Yes
☐ No

I sometimes have a feeling of increased pelvic pressure or the sensation of my pelvic organs slipping down or falling out:

- ☐ Yes
☐ No

I have a history of pain in my low back, hip, groin, or tailbone or have had sciatica:

- ☐ Yes
☐ No

I sometimes experience one or more of the following bowel symptoms: loss of bowel control, feeling unable to completely empty my bowels, straining or pain with a bowel movement, difficulty initiating a bowel movement:

- ☐ Yes
☐ No

I sometimes experience pain or discomfort with sexual activity or intercourse:

- ☐ Yes
☐ No



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Sexual activity increases one or more of my other symptoms:

- ☐ Yes
☐ No

Prolonged sitting increases my symptoms:

- ☐ Yes
☐ No

If you answered "yes" to 3 or more questions, pelvic floor dysfunction is likely.