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Cozean Pelvic Dysfunction Screening Protocol

Name: _____

Date: _____

Instructions: Check all that apply

- 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
- I can remember falling onto my tailbone, lower back, or buttocks (even in childhood)
- I sometimes experience one or more of the following urinary symptoms
 - Accidental loss of urine
 - Feeling unable to completely empty my bladder
 - Having to void within a few minutes of a previous void
 - Pain or burning with urination
 - Difficulty starting or frequent stopping/starting of urine stream
- I often or occasionally have to get up to urinate two or more times at night
- I sometimes have a feeling of increased pelvic pressure or the sensation of my pelvic organs slipping down or falling out I have a history of pain in my low back, hip, groin, or tailbone or have had sciatica
- 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
- I sometimes experience pain or discomfort with sexual activity or intercourse
- Sexual activity increases one or more of my other symptoms
- Prolonged sitting increases my symptoms