



# PYRAMID PHYSIOTHERAPY

**Please take a few minutes to answer the following questions.**

DO YOU FIND YOURSELF LEAKING PEE WHEN YOU COUGH/SNEEZE/LIFT/LAUGH?	YES	NO
ARE YOU ALWAYS RUSHING TO THE BATHROOM TO PREVENT LEAK?	YES	NO
DO YOU FIND YOURSELF PEEING TOO FREQUENTLY?	YES	NO
DO YOU EXPERIENCE LEAKING PEE ALONG WITH A STRONG URGE TO USE THE BATHROOM?	YES	NO
DO YOU EXPERIENCE PAIN IN LOWER ABDOMINAL/PELVIC AREA?	YES	NO
DO YOU EXPERIENCE PAIN/ BURNING WHILE INITIATING/DURING URINATION?	YES	NO
DO YOU STRAIN OR HAVE PAIN DURING OR AFTER A BOWEL MOVEMENT?	YES	NO
DO YOU EXPERIENCE PAIN DURING OR AFTER INTERCOURSE?	YES	NO
ARE YOU CURRENTLY PREGNANT OR DID YOU DELIVER A BABY RECENTLY?	YES	NO

**If you answered yes to any of the above questions, wait no more; these conditions are manageable. See our Pelvic health Physiotherapist for a consultation and detailed assessment.**