

19. Chronic Pelvic Pain Syndrome Symptom Assessments

Where a well-defined cause of chronic pelvic pain has not been established, further assessment and examination may be needed. Where this has not previously been conducted, a [physical examination](#) may be necessary along with assessment of the factors below.

The following tool may be used for the detailed assessment of pelvic pain:

[International Pelvic Pain Society Assessment Form](#)

Urological factors:

- bladder function
- urgency (sensation of needing to pass urine due to fear of incontinence)
- urge (sensation of needing to pass urine)
- frequency (day and night)
- hesitancy

Gynaecological factors:

- variation with menstrual cycle/onset of menopause
- improvement/exacerbation of symptoms with current or previous contraceptive use
- current and future fertility wishes – an important consideration both for referral for further investigation, surgery, and when deciding on appropriate drug treatment (ovulation inhibitors, teratogens)

Gastroenterological factors:

- bowel urge frequency, and opening frequency
- stool consistency
- need to strain at stool
- presence of faecal incontinence
- need to use medications for bowel function

Musculoskeletal factors:

- effect on walking, standing, sitting (see 'Examination' node)
- effect on movement – standing from sitting, getting out of bed
- a focus on muscle dysfunction and tenderness – consider physical assessment such as physiotherapy especially if having an impact on physical activity

Psychological and social factors:

- effect of mood on the pain and vice versa
- effect on sleep, night-time disturbance, feeling refreshed in the morning
- effect on relationships, partner, family, friends, and work
- desire to socialise and pursue hobbies
- anxieties around ability to continue with work, serious illness, eg cancer, fertility, ability to fulfil role as partner, parent, etc
- effect of pain having on everyday life and size of impact

Ask about sexual encounters (consensual but unrewarding as well as non-consensual):

- Sexual functioning (effect on desire and arousal, avoidance, ability to reach climax, dyspareunia, effects on partner)
- Incidence of domestic violence, torture, and the effect of conflicts (increasingly in the UK and other developed countries asylum seekers and other foreign nationals are presenting with pain that relates to events originating in conflict zones and include repeated rape, sexual assault, and torture), when did it happen and is it ongoing

Ask about childhood events that may have an influence such as eating disorders, self-harm, physical, and emotional abuse.