

Pelvic Organ Function Assessment (Sakakibara – Korshunova – Suponeva Scale - SKSS)

Disorders of pelvic organ function (bladder and bowel), as well as sexual dysfunctions, can be manifestations of either pathology of the organs themselves (e.g., inflammation) or changes in nervous system control. By answering these questions, you will help to develop a diagnostic algorithm and select optimal treatment for you.

The gray section of the scale is to be filled out by (or is intended for) the physician.

Full Name _____

Gender: Female Male Age _____

Date _____

Bladder

N o.	Question / POINTS	0	1	2	3	Total	
1	Frequency of urination during the day?	3–7 times	8–9 times	10–11 times	() times	_/3	
2	Frequency of urination at night?	Never	Once	Twice	() times	_/3	
3	Do you experience irresistible urges to urinate?	Never	Rarely*	Occasionally*	Always*	_/3	
4	Do you experience incontinence?	Never	Rarely	Occasionally	Always	_/3	
5	If you experience urinary incontinence, under what conditions? (multiple answers possible)	Do not lose	Cannot hold with urge	With cough or standing	Involuntarily while awake	Involuntarily during sleep	No points
6	What volume of urine do you lose during incontinence?	Do not lose	Damp under wear	Wet under wear	Wet trousers or skirt	_/3	

N o.	Question / POINTS	0	1	2	3	Total
7	Do you experience difficulty initiating urination?	Never	Rarely	Occasionally	Always	_/3
8	Have you noted a weak stream prolonging urination time?	Never	Rarely	Occasionally	Always	_/3
9	Do you note intermittency of urination (start-stop, start-stop)?	Never	Rarely	Occasionally	Always	_/3
10	Do you have to strain to start urination?	Never	Rarely	Occasionally	Always	_/3
11	Do you experience a sensation of incomplete bladder emptying?	Never	Rarely	Occasionally	Always	_/3
	Are you satisfied with your bladder function?	Satisfied	Mostly satisfied	Dissatisfied	Extremely dissatisfied	—

Maximum 30 points. Question 5 helps to suggest the type of incontinence.

Bowel

N o.	Question / POINTS	0	1	2	3	Total
1	How often do you have a bowel movement?	Once a day	(__) times a day	Once every two days	Once every (__) days	_/3
2	Do you take laxatives?	Never	Rarely	Occasionally	Always	_/3
3	Do you experience difficulty expelling stool?	Never	Rarely	Often	Always	_/3
4	Do you have diarrhea?	Very rarely	Rarely	Often	Always	_/3
5	Do you experience fecal incontinence?	Never	Rarely	Often	Always	_/3
6	When do you not hold stool?	I hold	With urge	With cough or standing	Unconsciously	No points
7	What volume of stool do you lose during incontinence?	Do not lose	Slightly soiled underwear		Heavily soiled underwear	_/2
	Are you satisfied with your bowel function?	Satisfied	Mostly satisfied	Dissatisfied	Extremely dissatisfied	—

Maximum 17 points. Question 6 helps to suggest the type of disorder.

Sexual Function (Questions 4 and 5 - for men only)

N o.	Question / POINTS	0	1	2	3	Total
1	Is your sexual desire reduced?	No	Slightly	Moderately	Severely	_/3
2	Has frequency of sexual intercourse decreased?	No	Slightly	Moderately	Severely	_/3
3	How often do you note reduction in orgasm?	Never	Rarely	In half of attempts	In most attempts	_/3
4	(Men) How often do you note reduction in penis rigidity?	Never	Rarely	In half of attempts	In most attempts	_/3
5	(Men) How often do you note ejaculation disorder?	Never	Rarely	In half of attempts	In most attempts	_/3
	Are you satisfied with your sexual function?	Satisfied	Mostly satisfied	Dissatisfied	Extremely dissatisfied	

Maximum 15 points for men, 9 for women.

When did you first notice the onset of problems? (e.g., 2 years ago)

Bladder side_____

Bowel side_____

Sexual function side_____

Interpretation

Severity / System	Bladder (points)	Bowel (points)	Sexual Function (points)	
			Women	Men
None	0	0	0	0
Mild	1 - 10	0 - 6	1 - 3	1 – 5
Moderate	11 – 20	7 – 12	4 – 6	6 – 10
Severe	21 - 30	13 - 17	7 – 9	11 – 15