WestAshley
OBSTETRICS & GYNECOLOGY

BLADDER SYMPTOM QUESTIONNAIRE

Patient Name: ______________________ Patient Date of Birth: __________________ Doctor Name: ___________________________

Which symptoms best describe you? Check all that apply.

☐ Frequent urination--day, night, or both
☐ Sudden or strong urge to urinate
☐ Leakage with little or no warning-sometimes unable to make it to the bathroom in time
☐ Unable to completely empty bladder-feels like there is more even after going to the bathroom
☐ Accidental leakage with physical activity-exercising, sneezing, or coughing
☐ Bladder or pelvic pain
☐ Problems with bowel function (if checked, please select symptom below)
  ☐ Accidental loss or leakage of stool ☐ Constipation ☐ Other
☐ No bladder or bowel problems (if checked, please discontinue questionnaire)

How long have you had these symptoms? ______________________

Have you tried medications to help your bladder symptoms? ☐ Yes ☐ No

If yes, how many different medications have you tried? _______________

On a scale of 1 to 10, with 0 being no symptom relief and 10 being complete symptom relief, how much symptom relief have these medications provided for you? Circle a number.

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐

No Relief   Complete Relief

Are you still taking any of these medications?
☐ **Yes** ☐ **No**

If no, why have you stopped taking them?

☐ Did not work as well as expected
☐ Interaction with other medications
☐ Side effects
☐ Expense
☐ Other

If Side effects or Other checked, please explain:

____

Behavior modifications tried? (ex: reduced fluid intake, caffeine reduction, kegel exercises, physical therapy or life style changes.)

____

On a scale of O to 10, with 0 being no frustration at all and 10 being extremely frustrated, what is your level of frustration with your bladder control symptoms? Circle a number.

0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐

Not Frustrated   Extremely Frustrated

Are you interested in learning more about additional treatment alternatives to bladder medications?

☐ Yes ☐ No