

BLADDER SURVEY

Name _____ Dob _____ Date _____

Which symptoms best describe you?

- | | |
|--|--|
| Frequent Urination – Day, Night, or Both | Leaking with Sneezing, Coughing, Exercising |
| Sudden or Strong Urge to urinate | Leaking with Urge or No Warning
(Unable to make it to the bathroom in time) |
| Unable to Empty the Bladder | Bladder or Pelvic Pain |

How long have you had these symptoms? _____

Have you tried medications to help your symptoms? Yes No

If yes, check the medications you have tried:

- | | | | | |
|---------------|-------------|----------|-------------|--------|
| Detrol LA | Ditropan XL | Flomax | Elavil | DDAVP |
| Oxytrol Patch | Cardura | Vesicare | Enablex | Toviaz |
| Sanctura | Gelnique | Elmiron | Other _____ | |

Did these medications help your symptoms? Circle #

0	1	2	3	4	5	6	7	8	9	10
No Relief							Completely Cured			

If you've stopped taking your meds explain why:

- Did not Help Side Effects Too Expensive

Describe Side Effects _____

Behavior Modifications Tried _____

(i.e., caffeine intake, lifestyle changes, bladder training, pelvic floor muscle training)

What is your level of frustration with your bladder symptoms? Circle #

0	1	2	3	4	5	6	7	8	9	10
Not Frustrated						Very Frustrated				

Do you currently have any problems with bowel function?:

- Fecal Incontinence Constipation Other _____

I am interested in learning more about treatment alternatives to medications:

- Yes No