URINARY ISSUES QUESTIONNAIRE

Suburban Gynecology & Urogynecology

Patient Name: _____ **DOB**: _____ **AGE**: _____

Provider: N. Merhi, MD   J. Sun, MD   J. Bright-Allott, APN

What is your PRIMARY CONCERN? Number your concerns in order of priority (1- most important 5- least important).

___Urinary incontinence w/ activity   _____Urge incontinence   ____Urgency/ overactive bladder   ____Frequency
        ____Prolapse   _____Recurrent Urinary Tract Infections

For the following questions, place an X under the frequency of occurrence or circle the best answer

	never	once a week	once a day	3-5x/day	all day long	nightly
Overactivity/ Urgency						
I have a strong urge to urinate. "I gotta go now"						
I leak before reaching the bathroom.						
When I leak, it is most often:	dribble	Small flow	Large flow			
I have NO warning before I leak urine.						
I can delay going to the bathroom if I need to.						
I have wet the bed while sleeping.						
Number of times I urinate during the DAY:	4-6	7-10	11-15	hourly	-------------	------------
Number of times I urinate during the NIGHT:	None	1-2	3-5	Hourly	-------------	------------

Incontinence					
I have to wear pads (frequency)	Never	As needed	Daily		
Type of protection that I use	Liner	Pad	Super Pad	Absorbent Underwear	
I have to change my protection	Daily	2-3x/day	3-5x/day	Hourly	
I leak during sex	Not active	Never	Sometimes	Always	
Prolapse/ UTI's					
How many TREATED urinary tract infections in the last 2 years?	None	1-2	3-5	5 or more	
After I urinate, I still feel like I have to go more.	Never	Sometimes	Always		
When I urinate, it is hard to get started.	Yes	Sometimes	No		
My flow starts and stops.	Yes	Sometimes	No		
I feel a bulge in my vagina ("sitting on a ball").	Yes	Sometimes	No		
I have to strain/ reposition on toilet to finish urinating.	Yes	Sometimes	No		
The flow of my urine is...	Slow	Average	Fast		

Do you have a history of any of the following? (please circle)

Pain with a full bladder/ urination   Pain with sex   Kidney Infections   Blood in urine   Kidney Stones

Bladder Cancer (year_____)   Hysterectomy (year _____)   Bladder surgeries (year _____)

MEDICATIONS you have tried for your bladder issues: _____

If yes to any of the above or anything else related to your issues, please explain:

_____

_____