

Bladder Symptom Questionnaire

Name: _____

Date: _____

Doctor: _____

Which symptoms best describe you? Select 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? _____

How frequently do you urinate? _____

How many times do you urinate at night (Nocturia)? _____

Do you currently catheterize? Yes/No How many times per day? _____

Average number of pads used daily? _____

Which behavior modifications have you tried? (circle all that apply)

Reduce fluid intake Caffeine reduction Kegel exercises Physical Therapy

Have you tried medications to help your bladder symptoms?

Please indicate any medications you have tried. If not, select “none”

- None
- DDAVP (Dexmopressin Acetate)
- Detrol LA (Tolterodine LA)
- Ditropan (Oxybutynin)
- Enablex (Darifenacin)
- Gelnique
- IC Medications {Elmiron, Elavil (Amitriptyline)}
- Myrpetriq
- Oxytrol
- Sanctura (Trospium)
- Toviaz (Festoterodine)
- Vesicare (Solifenacin)

Did these medications help your symptoms? (circle) Yes No

Are you still taking any of these medications? (circle) Yes No

If no, why have you stopped taking them?

- Did not help
- Side effects
- Too expensive
- other

Please list any prior bladder procedures:

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

(circle) Yes No