BLADDER HEALTH HISTORY

ALL INFORMATION IS STRICTLY CONFIDENTIAL

1. Do you ever leak urine during a cough, sneeze, laugh or other physical activity? ☐ No ☐ Yes
2. What other types of activities cause this to occur? ☐ No ☐ Yes
3. Immediately after finishing urinating, do you feel the sensation of needing to urinate again? ☐ No ☐ Yes
4. Do you sometimes dribble just prior to or just after urination? ☐ No ☐ Yes
5. Do you leak spontaneously without warning? ☐ No ☐ Yes
6. Do you leak if you have a sudden urge? ☐ No ☐ Yes
7. Do you use protective pads or diapers? ☐ No ☐ Yes
8. How many per day? ☐ None ☐ 1-3 ☐ 4+ Type_____
9. Have you tried Kegel exercises, biofeedback or another non-surgical means of controlling incontinence? ☐ No ☐ Yes
10. Do you have frequent urinary tract infections? ☐ No ☐ Yes
11. Have you ever had blood in your urine? ☐ No ☐ Yes
12. Do you have pain when you urinate? ☐ No ☐ Yes
13. Does your urinary problem interfere with your daily activities? ☐ No ☐ Yes
14. Does your urinary problem interfere with your sexual activities? ☐ No ☐ Yes
15. Do you get up at night to urinate? How many times? ☐ None ☐ 1-3 ☐ 4+
16. Have you ever had a gynecological or urological surgical procedure such as a bladder neck suspension or hysterectomy? ☐ No ☐ Yes
17. Do you usually have a strong sense of urgency to urinate? ☐ No ☐ Yes

    -Do you have to hurry to empty your bladder when full? ☐ No ☐ Yes

    -Are there times when you don't make it to the bathroom and leak urine? ☐ No ☐ Yes

    -Can you overcome the sensation of the urgency to urinate? ☐ No ☐ Yes

    -Does the sight, sound, or feel or running water cause you to lose urine? ☐ No ☐ Yes

    -Do you ever lose urine when lying down? ☐ No ☐ Yes

    -Do you experience any sensations before losing urine? ☐ No ☐ Yes

    -When urinating, can you usually stop your stream? ☐ No ☐ Yes

    -Do you ever accidentally wet the bed while sleeping? ☐ No ☐ Yes

Patient's Name:_____ **DOB**:_____

Signature:______________________________ **Date**:________________