***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**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_