



Please answer all questions to the best of your ability:

Your Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Today's Date: \_\_\_\_\_

**Urologic Function:**

How many times do you urinate during a typical Day: 1-4 , 5-8 , 9-12 , More than 13 times

How many times do you urinate during a typical Night: Zero  Once , Twice , Three times , Four times , More than Four times

How do you sense your bladder filling: Normal, with adequate warning , Decreased, with little or no warning , No sensation , Always feel full

Can you postpone emptying when full: Yes , No , Sometimes

Does your bladder hurt when it is filling: No , Yes , Sometimes

Urinary Flow typically starts: Easily , Sometimes Difficult , Less than a minute delay , About a minute delay , More than a minute delay

Your Urinary Stream is: Strong , Weak , Starts and Stops , Other \_\_\_\_\_

During urination I feel: Comfortable , Burning in the Urethra , Bladder pain , Cramping

After urination stops: I do not dribble , I dribble some , I dribble a lot , I have to urinate again

**Urologic History:**

Have you ever required a catheter to empty your bladder: No , Yes

Describe: \_\_\_\_\_

How many **Bladder Infections** have you had: None , One , Two , Three , Four , More than Four

How many **Kidney Infections** have you had: None , One , Two , Three , Four , More than Four

Did you have any urologic problems in childhood: No , Yes

Describe: \_\_\_\_\_

Describe your pattern of urination in childhood: Normal (same as other children) , Less Frequent , More Frequent

Did you suffer Bed Wetting: No , Yes , Until what age? \_\_\_\_\_

**Urinary Leakage:**

**If accidental loss of urine never occurs check this box and skip to Bowel Habits section: No Leak**

Do you leak Urine accidentally **during the daytime**: No , Only Once or Twice , Most Days , At least once a Week , At least once a Month

Describe the nature of the leakage (check all that apply): "Stress" (leak with cough or straining) , With Urge to Urinate , Without Awareness , During Intercourse , Continuously (drips out all the time without provocation)

Which accounts for most of your leakage (check all that apply): "Stress" (leak with cough or straining) , With Urge to Urinate , Without Awareness , During Intercourse , Continuously (drips out all the time without provocation)

When you do leak, is it typically: Drops , Intermediate (more than drops but less than a flood) , Flood to the floor

Do you leak while **asleep** in the Bed: No , Only once or twice , Most Days , At least once a Week , At least once a Month

When you do leak, is it typically: Drops , Intermediate (more than drops but less than a flood) , Flood to the floor

Please answer all questions to the best of your ability: (Page 2)

Your Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Today's Date: \_\_\_\_\_

**Pad Use:**

Do you wear Pads for protection against Leakage: No , Yes

What type of pad do you wear **During the Day**: Light liner-type , Heavy liner type (Poise) , Depends (Diaper type) , Other type:  
Describe: \_\_\_\_\_

How many pads do you wear during the day: None , One , Two , Three , Four , More than Four .  
When you change pads are they: Moist , Damp , Soaked

What type of pad do you wear **During the Night**: Light liner-type , Heavy liner type (Poise) , Depends (Diaper type) , Other type:  
Describe: \_\_\_\_\_

How many pads do you wear during the day: None , One , Two , Three , Four , More than Four .

**Bowel Habits:**

Do you have bowel movements: Daily , Every other day , Less often than that  Describe: \_\_\_\_\_

Are your Bowel Movements usually: Normal , Constipated , Diarrhea (Loose)

Do you require laxatives regularly to have a BM: No , Yes  Describe: \_\_\_\_\_

Do you accidentally lose Feces: No , Yes  Describe: \_\_\_\_\_

Have ever passed feces (stool) when you thought it might only be Flatus (gas) No , Yes

**Neurologic Status:**

Do you have sensation of the genitals: Yes , No  Describe: \_\_\_\_\_

Are you able to have orgasms: Yes , No

If you are male are you able to ejaculate: Yes , No   
Is it: Forceful , Dribble , Comes out later , Comes out during urination ,