

Bladder Health Questionnaire

1. you urinate during the day? How often do

2. you get up at night to urinate? How often do

3. usually pass: 1. Large 2. Average 3. Small Is the amount you

Y/N
4. urinary problems? How long have you had

5. pad to protect from urine leakage? Do you currently use a

6. anything unusual protruding from your vagina? If yes, how long? _____ Have you noticed

7. strong sense of urgency to urinate? Do you have a

8. hurry to empty your bladder when full? Do you have to

9. make it in time and leak urine? Do you ever not

10. overcome the sensation of urgency to urinate? Can you

11. sound or feel of water cause you to urinate? Does the sight,

12. from shopping, do you put your groceries away first, or do you go to the bathroom first? When you return home

13. urine while lying down? Do you ever lose

14. warning before losing urine? Do you have a

15. can you stop your stream? When urinating

16. accidentally wet the bed while asleep? Do you ever

- | | | |
|-----|--|--------------------------------|
| 17. | difficulty starting your urine stream? | Do you have
_____ |
| 18. | you completely empty your bladder? | Do you feel that
_____ |
| 19. | dribbling of urine after voiding? | Do you notice
_____ |
| 20. | finished voiding, do you have the urge to void again in a few minutes? | After you have
_____ |
| 21. | been catheterized because you were unable to void? | Have you ever
_____ |
| 22. | blood in your urine? | Do you ever see
_____ |
| 23. | urination? | Do you have pain with
_____ |
| 24. | for 3 or more urinary tract infections
In the past 3 years? | Have you been treated
_____ |
| 25. | for an infection within the past 6 months? _____ | Have you been treated |

26. leakage with the following activities?

Have you noticed urine

	Mild (drop)	Moderate (squirt)	Severe (stream)
Sitting			
Standing			
Cough			
Laugh			
Sneeze			
Jogging			
Lifting			
Bending			

27. problems with bowel incontinence?

Do you have any _____

28. sexually active? (within the last _____ months?)

Are you currently _____

29. problems with sexual intercourse due to pain, vaginal dryness, prolapsed, other?

Do you have any _____

30. have utilized for this problem?

Previous treatments you _____

1. strengthen pelvic floor muscles

Kegel exercises to _____

2. _____

Medications _____

3. _____

Estrogen cream or pills _____

4. _____

Pessary _____

5. _____

Diaphragm _____

6. _____

Physical Therapy _____

7. _____

Surgery _____

