**Urinary Health Questionnaire**

Please bring this form with you on the day of your appointment.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Medications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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How often do you urinate during the day/evening? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How often do you get up at night to urinate? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When did your bladder problems begin? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you usually have a strong sense of urgency to urinate? Yes/ No

Do you experience pain when your bladder is full? Yes/ No

Can you postpone emptying your bladder easily? Yes/ No

Do you lose urine when: you are lying down or asleep? Yes/ No

Do you lose urine when you sneeze, cough, jump, run, laugh? Yes/ No

Do you lose urine when you get up from a sitting position? Yes/ No

Do you lose urine when you hear, see or feel running water? Yes/ No

Do you lose urine when you can’t get to bathroom on time? Yes/ No

Do you wear protection for urinary leakage? Yes/ No

If yes, what do you use and how many/day? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have difficulty starting your urine stream? Yes/ No

How do you start your urine stream? (circle those that apply)

 \*easy \*push/strain \*wait less than 1 minute \*wait more than 1 minute

Do you have pain when emptying your bladder? Yes/ No

When urinating, can you stop your stream? Yes/ No

Do you feel you have completely emptied your bladder? Yes/ No

Do you notice dribbling of urine after emptying your bladder? Yes/ No

Did you ever have a tube placed in your bladder because you

were unable to empty your bladder? Yes/ No

Have you ever had your urethra dilated or stretched? Yes/ No

Have you ever passed blood in your urine? Yes/No

Have you taken any medications for your bladder condition in the

past? Yes/ No