BLADDER SYMPTOM SURVEY

Which symptoms best describe yo	ou?							
Frequent Urination – Day, Night, or Both Leaking with Sneezing, Coughing,								
Sudden or Strong Urge to urinate	Exercising Leaking with Urge or No Warning							
Unable to Empty the Bladder (Unable to make it to the bathroom in the Bladder or Pelvic Pain								
How long have you had these sym	nptoms?							
Have you tried medications to help your symptoms? Yes								
If yes, check the medications you	have tried:							
Detrol® LA Ditropan XL®	Flomax® Cardura®							
Oxytrol® Patch Enablex® VESIcare® DDAVP®								
Sanctura® Elavil® Elmiron® Other								
Did these medications help your s	symptoms? Circle #							
0 1 2 3 4 No Relief	5 6 7 8 9 Completely	10 Cured						
If you've stopped taking your med Did not Help Side Effects To	ls explain why: to Expensive							
Describe Side Effects		***************************************						
Behavior Modifications Tried (i.e., caffeine intake, lifestyle changes, b	oladder training, pelvic floor muscle trainir	ng)						
What is your level of frustration w	vith your bladder symptoms? Circle #							
0 1 2 3 4 Not Frustrated	5 6 7 8 9 Vor Francis	10						
Not Frustrated	Very Frus	trated						
Do you currently have any problem Fecal Incontinence Constipation								
I am interested in learning more a medications: Yes No	about treatment alternatives to							
Name	Phone #							

My Bladder Diary

Keeping a daily bladder diary will help you and your healthcare provider determine whether or not you experience Stress Urinary Incontinence (SUI).

Date:	
Date.	

Time	Drinks		Trips to the bathroom How many How much		Accidental leaks	Did you feel a strong urge to go?	What were you doing at the time?
	What kind?	How much?	times?	urine?	How much?	Yes / No	Sneezing, exercising, etc.
6 - 7 a.m.							
7 - 8 a.m.	***************************************						
8 - 9 a.m.							
9 - 10 a.m.				***************************************			
10 - 11 a.m.				***************************************			
11 a.m noon			······	***************************************			
noon - 1 p.m.							
1 - 2 p.m.							
2 - 3 p.m.							
3 - 4 p.m.							
4 - 5 p.m.						*	
5 - 6 p.m.							
6 - 7 p.m.							
7 - 8 p.m.							
8 - 9 p.m.							
9 - 10 p.m.	***************************************						
10 - 11 p.m.	***************************************						