

UROGYNECOLOGY PATIENT QUESTIONNAIRE

Name _____
 Date _____

	Yes	No
Do you accidentally leak urine when you do not want to?		
Is this a problem for you that you want evaluated?		
How many years have you had a leakage problem?		
Has your problem ever been evaluated before?		
If so, when did the evaluation take place _____		
What tests were done? _____		
Has your incontinence ever been treated before?		
If so, what type of treatment did you receive _____		
Kegel (pelvic) muscle exercises?		
Medicines? List Names _____		
Pessary?		
Surgery?		
Did you have surgery done through the abdomen?		
Date of abdominal surgery? _____		
Did you have surgery done through the vagina?		
Date of vaginal operations? _____		

STRESS INCONTINENCE

Which of the following activities cause you to leak urine? Check all appropriate answers.

coughing?		
sneezing?		
exercise?		
running?		
walking?		
laughing?		
lifting?		
sudden movement?		
change in position (e.g. standing up)?		
sexual intercourse?		

How often do you leak urine during the activities above? Check the appropriate response.

more than once a day?		
daily?		
several times per week?		
weekly?		
monthly?		
less than monthly?		

How much urine do you think you lose with the activities listed above? Check the amount.

drops?		
teaspoon?		
tablespoon?		
1/4 cup?		
empty your entire bladder?		

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Do you need to wear pads to absorb urine that you lose during the above activities?

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 what type of pad? _____
 how many pads per day do you use? _____
 Can you prevent the leakage from occurring if you empty your bladder before the activities listed above?

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URGE INCONTINENCE

When you have to go to the bathroom, do you ever leak urine before you reach the toilet?

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 How often do you experience this type of leakage? Check the appropriate response.
 more than once a day?

--	--

 daily?

--	--

 several times per week?

--	--

 weekly?

--	--

 monthly?

--	--

 less than monthly?

--	--

How much urine do you think you lose in these situations? Check the amount.
 drops?

--	--

 teaspoon?

--	--

 tablespoon?

--	--

 1/4 cup?

--	--

 empty your entire bladder?

--	--

Do you go to the bathroom more frequently to avoid this type of leakage problem?

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 Do you need to wear pads to absorb urine that you lose as a result of the urge to go and the inability to get to the bathroom in time?

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What type of pad? _____
 How many pads per day do you use? _____

Do you ever experience loss of urine without warning (being unaware of the urge to go or having done an activity listed under stress incontinence)?

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PROLAPSE SYMPTOMS (If you do not experience these symptoms, skip this section)

Do you ever feel tissue or a bulge coming out of your vagina?

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How long has the bulge been present? _____

Has it been getting worse?

--	--

When is the bulge present?

--	--

All the time?

--	--

Only after repetitively bearing down?

--	--

After standing for a long time?

--	--

How large is the bulge at its worst?

--	--

Walnut sized?

--	--

golf ball sized?

--	--

egg sized?

--	--

orange sized?

--	--

larger than an orange?

--	--

Does the bulge...

--	--

Cause pressure in your vagina?

--	--

Cause pain in your abdomen or lower back?

--	--

Rub or irritate against your clothing?

--	--

