

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

Date: \_\_\_\_\_ 1



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## **Patient Bladder and Prolapse Questionnaire**

Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Date: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Referring MD: \_\_\_\_\_

WE WOULD LIKE TO FIND OUT AS MUCH AS POSSIBLE ABOUT YOUR SYMPTOMS AND WE WOULD BE GRATEFUL IF YOU WOULD FILL OUT THIS QUESTIONNAIRE. PLEASE ANSWER EACH QUESTION, THINKING ABOUT THE SYMPTOMS YOU HAVE EXPERIENCED OVER THE PAST SEVERAL MONTHS.

Why are you here?

Please list any medical problems you may have:

Allergies:

What medications are you currently taking?

Please list previous surgeries and their dates:

Number of pregnancies: \_\_\_\_\_  
Number of live vaginal births? \_\_\_\_\_ C-Sections? \_\_\_\_\_

Significant tears? Yes No

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The following questions ask how often you have a symptom. Please answer each question with a check in one box

<b>Has urinary leakage and/or prolapse affected you:</b>	<b>0= None</b>	<b>1= Slightly</b>	<b>2= Moderately</b>	<b>3= Greatly</b>
Ability to do household chores (cooking, housecleaning, laundry, etc)?				
Physical recreation such as walking, swimming, or other exercise?				
Entertainment activities (movies, concerts, etc)?				
Ability to travel by car or bus more than 30 minutes from home?				
Participation in social activities outside your home?				
Emotional health (nervousness, depression, etc)?				
Feeling Frustrated?				
<b>Do you experience, and, if so, how much are you bothered by:</b>	<b>0= Not at all</b>	<b>1= Slightly</b>	<b>2= Moderately</b>	<b>3= Greatly</b>
Frequent urination?				
Urine leakage related to the feeling of urgency?				
Urine leakage related to physical activity, coughing, or sneezing?				
Small amounts of urine leakage (drops)?				
Difficulty emptying your bladder?				
Pain or discomfort in the lower abdomen or genital area?				
A feeling of bulging or protrusion in the vaginal area?				
Bulging or protrusion you can see in the vaginal area?				

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For the following questions, please circle the one best answer. (Occasionally=less than one third of the time. Sometimes= between one third and two thirds of the time. Most of the time= more than two thirds of the time)

How often do you void during the day?	>Every 4 hours	Every 3 hours	Every 2 hours	Hourly	
At night, how often do you get up to void?	None	1	2	3	>4
Do you have to rush to the toilet to urinate?	Never	Occasionally	Sometimes	Most of the time	All of the time
Do you have pain in your bladder?	Never	Occasionally	Sometimes	Most of the time	All of the time
Is there a delay before you can start to urinate?	Never	Occasionally	Sometimes	Most of the time	All of the time
Do you have to strain to urinate?	Never	Occasionally	Sometimes	Most of the time	All of the time
Do you stop and start while you urinate?	Never	Occasionally	Sometimes	Most of the time	All of the time
Do you leak urine before you can get to the toilet?	Never	Occasionally	Sometimes	Most of the time	All of the time
How often do you leak?	Never	Once a week or less	2-3 times per week	Once a day	Several times a day
Does urine leak when you are physically active; exert yourself, cough, or sneeze?	Never	Occasionally	Sometimes	Most of the time	All of the time
Do you ever leak for no obvious reason without feeling that you need to go?	Never	Occasionally	Sometimes	Most of the time	All of the time
Do you leak urine when you are asleep?	Never	Occasionally	Sometimes	Most of the time	All of the time
To what extent has your sex life been affected by your symptoms	None at all	A little	Somewhat	A lot	Don't have sex
Do you leak urine when you have sexual intercourse?	Not at all	A little	Somewhat	A lot	Don't have sex
Do you change your outer clothing during the day because of leakage?	Never	Occasionally	Sometimes	Most of the time	All of the time
Do you cut down on the amount of fluid you drink so that your symptoms improve and you can do the things you want to?	Never	Occasionally	Sometimes	Most of the time	All of the time
Are you ever constipated?	Never	Occasionally	Sometimes	Most of the time	All of the time
Do you ever pass stool when you think it is just gas?	Never	Occasionally	Monthly	Weekly	Daily

