

## BLADDER SATISFACTION SURVEY

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Doctor \_\_\_\_\_

**Which symptoms best describe you?**

- |  |   |
|--|---|
| <input type="checkbox"/> Frequent Urination – Day, Night, or Both<br><input type="checkbox"/> Sudden or Strong Urge to urinate<br><input type="checkbox"/> Unable to Empty the Bladder | <input type="checkbox"/> Leaking with Sneezing, Coughing, Exercising<br><input type="checkbox"/> Leaking with Urge or No Warning (Unable to make it to the bathroom in time)<br><input type="checkbox"/> Bladder or Pelvic Pain |
|--|---|

**How long have you had these symptoms?** \_\_\_\_\_

**Have you tried medications to help your symptoms?**                      Yes                      No

**If yes, check the medications you have tried:**

- |   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> Detrol <sup>®</sup> LA     | <input type="checkbox"/> Ditropan XL <sup>®</sup> | <input type="checkbox"/> Flomax <sup>®</sup>   | <input type="checkbox"/> Cardura <sup>®</sup> |
| <input type="checkbox"/> Oxytrol <sup>®</sup> Patch | <input type="checkbox"/> Enablex <sup>®</sup>     | <input type="checkbox"/> VESicare <sup>®</sup> | <input type="checkbox"/> DDAVP <sup>®</sup>   |
| <input type="checkbox"/> Sanctura <sup>®</sup>      | <input type="checkbox"/> Elavil <sup>®</sup>      | <input type="checkbox"/> Elmiron <sup>®</sup>  | <input type="checkbox"/> Other _____          |

**Did these medications help your symptoms? Circle #**

0	1	2	3	4	5	6	7	8	9	10
<b>No Relief</b>								<b>Completely Cured</b>		

**If you've stopped taking your meds explain why:**

- Did not Help     Side Effects     Too Expensive

**Describe Side Effects** \_\_\_\_\_

**Behavior Modifications Tried** \_\_\_\_\_

(i.e., caffeine intake, lifestyle changes, bladder training, pelvic floor muscle training)

**What is your level of frustration with your bladder symptoms? Circle #**

0	1	2	3	4	5	6	7	8	9	10
<b>Not Frustrated</b>								<b>Very Frustrated</b>		

**Do you currently have any problems with bowel function?:**

- Fecal Incontinence     Constipation     Other

**I am interested in learning more about treatment alternatives to medications:**

- Yes                       No