Baystate Ob/Gyn Group Inc.

Bladder Health Questionnaire

Name____________________________**Date of Birth**_________________**Date**_____________

1. How often do you urinate during the day?____

2. How often do you get up at night to urinate?____

3. Is the amount of urine you usually pass: Large Average Small

4. Do you usually have a strong sense of urgency to urinate?..No...... Yes
   Do you have to hurry to empty your bladder when full? ....No...... Yes
   Do you ever not make it in time and leak urine?..No...... Yes
   Can you overcome the sensation of urgency to urinate? ....No...... Yes
   Does the sight, sound or feel of running water cause you to lose urine? ....No...... Yes
   Do you ever lose urine when lying down? ....No...... Yes
   Do you have a warning before losing urine?...No...... Yes
   When urinating, can you usually stop your stream? ....No...... Yes
   Do you ever accidentally wet the bed while asleep?...No...... Yes

5. Do you have difficulty starting your urine stream? ....No...... Yes
   Do you feel that you completely empty your bladder? ....No...... Yes
   Do you notice dribbling of urine after voiding?..No...... Yes

6. Have you ever been catheterized because you were unable to void? ....No...... Yes
   Have you ever had your urethra dilated or stretched? ....No...... Yes
   Do you ever pass blood in your urine? ....No...... Yes
   Have you ever passed sand, gravel, or stones?..No...... Yes
   Do you have pain during urination?..No...... Yes

7. Have you been treated for 3 or more urinary infections? ....No...... Yes
   Have you been treated for an infection within 6 months? ....No...... Yes

8. Do you lose urine when coughing, sneezing, laughing, lifting, jumping or running?....No...... Yes
   Do you find it necessary to use some type of protection?..No...... Yes

9. Did your urinary difficulty begin:
   - During a pregnancy? ....No...... Yes
   - Following a delivery?...No...... Yes
   - Following an abdominal or vaginal operation?..No...... Yes
   - After menopause? ....No...... Yes