



Last Name

First Name

Middle Initial

15. Please check anything listed below that has occurred when you urinate.

- Difficulty in getting urine started
- Very slow stream or dribbling
- Discomfort, burning, or pain
- Blood in the urine
- Feeling that your bladder did not empty completely
- Loss of urine in sudden, large amounts
- Stopping and starting urine stream
- Urinate, stand up, urinate again to empty your bladder
- Lose urine as you walk away from the toilet

16. Did you wet the bed as a child?

- Yes       No

If so, until what age? \_\_\_\_\_ How often? \_\_\_\_\_

17. If you have been treated for bladder leakage, urgency, or frequency before, please check all of the treatments that you have received in the past.

- Acupuncture                       Surgery
- Medications                       Pelvic muscle exercises
- Electrical stimulation               Bladder training
- Biofeedback                       Collagen injections
- Urethral inserts/incontinence pessaries
- Other treatments? Please list them below.

\_\_\_\_\_

\_\_\_\_\_

18. In the chart below, please place a check next to the medications you have used or are currently using to treat incontinence, and indicate whether or not they have improved your condition.

Medication	Used (✓)	Was the medication helpful?
Detrol® (tolterodine)	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ditropan® (oxybutynin)	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Levsin®, Levsinex®, Cystospaz® (hyoscyamine)	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tofranil® (imipramine)	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pro-Banthine® (propantheline)	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Urispas® (flavoxate)	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ornade® (chlorpheniramine and phenylpropanolamine)	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sudafed® (pseudoephedrine)	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
DDAVP® (desmopressin)	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Oxytol Patch	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other(s)	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No

19. Have you ever had to use a catheter to drain your bladder?

- Yes       No

20. Please check all of the "self-help" techniques you have used to deal with urine leakage.

- Wear panty liners
- Wear sanitary napkins or incontinence pads
- Wear adult pads or briefs designed for urine control
- Wear other protective underclothes
- Put toilet paper/paper towels inside briefs
- Drink less fluids
- Go to the toilet often
- Stay near a bathroom
- Use a bedside commode or bedpan

21. Have you used any other self-help techniques? Please list them below.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

22. How often do you have a bowel movement?

- Once a day
- More than once a day
- 2-3 times a week
- Less than once a week

23. If you have had any of the problems listed below, please check them.

- Straining on more than 1 out of 4 bowel movements
- Using enemas or laxatives (not fiber or bulk) to relieve constipation more than once a month
- Diarrhea (how often? \_\_\_\_\_ )
- Bloody stool
- Change in the pattern of your bowel movements over the past year
- Uncontrolled loss of stool

24. a) Are you sexually active now?

- Yes       No

b) If so, do you have trouble/pain urinating after intercourse?

- Yes       No

c) Do you have discomfort/pain with intercourse?

- Yes       No

25. What changes would you like to see in your symptoms as a result of your treatment here?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Thank you for completing this form.

Reviewed by Clinician: \_\_\_\_\_

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

Adapted from the following sources:

American Geriatrics Society. Urinary incontinence in older adults: management in primary practice. American Geriatrics Society Web site. Available at: [http://www.americangeriatrics.org/education/urinary\\_incontinence.shtml](http://www.americangeriatrics.org/education/urinary_incontinence.shtml). Accessed July 3, 2003.

Nelson E, for the Women's Continence Clinic (Southern Illinois University, Department of Obstetrics and Gynecology). Incontinence symptom questionnaire. Southern Illinois University School of Medicine Web site. Available at: [http://www.siumed.edu/ob/downloads/incontinence\\_questions.pdf](http://www.siumed.edu/ob/downloads/incontinence_questions.pdf). Accessed July 3, 2003.

Newman DK. *Managing and Treating Urinary Incontinence*. Baltimore: Health Professions Press; 2002.