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FEMALE UROLOGY QUESTIONNAIRE

Urinary Incontinence (leakage)

How often do you experience urinary leakage? (Please circle one)

- Never, I do not leak
- Less than once a month
- A few times a month
- A few times a week
- Every day and/or night

How much urine do you lose each time? (Please circle one)

- None, I do not leak
- Drops
- Small splashes
- More

Circle **Yes** or **No**

- | | | |
|--|-------|---|
| Leaking with cough, laugh, or movement? | Y | N |
| Leaking with urgency (can’t get to toilet in time) | Y | N |
| Do you wear pads due to leaking? | Y | N |
| How many pads in 24 hours? | _____ | |
| Do you have any fecal/stool leakage? | Y | N |

Which is worse? (Please circle one)

1. Leaking with cough/physical activity/sneezing
2. Leakage with urgency
3. Both are equally bothersome

Overactive bladder symptoms

How many urinations per day?

How many times do you get up at night to urinate?

When you have the urge to urinate, how long can you delay?

_____ seconds _____ minutes _____ hours

Average fluid intake per day (1 glass is 8 oz/per 1 cup)

_____ glasses/day

How many cups of caffeinated beverages per day?

_____ glasses/day

Pain

Describe the pain _____

With urination

Y

N

With intercourse

Y

N

Pelvic Organ Prolapse symptoms

Heaviness/dullness in the pelvis

Y

N

Sensation of incomplete emptying

Y

N

Have to push on vaginal bulge to start or complete urination

Y

N

Bulge or something you see or feel falling out of the vaginal area

Y

N

Have to push on the vagina or around the rectum to have or complete a bowel movement

Y

N

Any prior surgeries of the pelvis, bladder or uterus? _____

What medications have you tried to address your bladder symptoms with?
