

BLADDER SATISFACTION SURVEY

Name _____ Phone # _____

Doctor _____

Which symptoms best describe you?

- Frequent Urination – Day, Night, or Both
- Sudden or Strong Urge to urinate
- Unable to Empty the Bladder
- Leaking with Sneezing, Coughing, Exercising
- Leaking with Urge or No Warning (Unable to make it to the bathroom in time)
- 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:

- Detrol® LA
- Ditropan XL®
- Flomax®
- Cardura®
- Oxytrol® Patch
- Enablex®
- VESIcare®
- DDAVP®
- Sanctura®
- Elavil®
- Elmiron®
- Other _____

Did these medications help your symptoms? Circle #

0	1	2	3	4	5	6	7	8	9	10
No Relief					Completely Cured					

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
Not Frustrated					Very Frustrated					

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