

BLADDER SATISFACTION SURVEY

Name _____ Phone # _____

Doctor _____

Which symptoms best describe you?

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

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

