GEORGIA UROLOGY

BLADDER SATISFACTION SURVEY

Name_____ Phone #_____

Doctor _____ Office Location_____ Date of Birth _____

Which symptoms best describe you? Please circle all that applies.

- Frequent urination – Day, Night, or Both
- Leaking with sneezing, coughing or exercising
- Sudden or strong urge to urinate
- Leaking with urge or leakage with no warning
- Unable to make it to the bathroom in time
- Unable to empty your bladder
- Bladder or pelvic pain

How long have you had these symptoms? _____

How long have you been treated for these symptoms? _____

Have you tried medications to help your symptoms? □Yes □No

- **If yes, check the medications you have tried:**

□Detrol LA Oxybutin Ditropan XL Vesicare Myrebetriq

□Oxytrol Patch □Enablex Toviaz Flomax Cardura

□Sanctura Rapaflo DDAVP □Elmiron □Other_____

Did these medications help your symptoms? Circle: Yes or No

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? Circle: Yes or No
If yes, circle type: Fecal incontinence Constipation Other

I am interested in learning more about treatment alternatives to medications?
Please circle: Yes or No

□ www.gaurology.com