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  □Myrebetrix
  □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 #

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<tbody>
<tr>
<td>Not Frustrated</td>
<td>Very Frustrated</td>
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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