

Name _____

What are your bladder symptoms?

- | | |
|----------|--------------------|
| 1. _____ | for how long _____ |
| 2. _____ | for how long _____ |
| 3. _____ | for how long _____ |
| 4. _____ | for how long _____ |

How often do you leak? Never/once a month/1 per week/2-3 per week/daily/2-4 per day/more often

How much do you leak? Damp no protection/wet no protection/need protection sometimes/protection all the time/wet despite protection

What protection do you wear? Panty liners/sanitary towels/tampons/incontinence pads

Which of the following do you have?

- Leakage with coughing urgency urge incontinence
leakage with exercise Bed wetting leak with intercourse
How many bladder infections do you have a year _____

What other medical problems do you have? (include any medications you are on)

- 1 _____
2 _____
3 _____
4 _____

What operations have you had

- | | |
|---------|---------|
| 1 _____ | 2 _____ |
| 2 _____ | 4 _____ |

How many children do you have? _____ No. normal delivery _____

No. caesarean _____

Date of last period _____ contraception _____

Do you smoke Y/N _____ Other comments _____

- _____

Continue over the page if needed