

URINARY INCONTINENCE/PROSTATE QUESTIONNAIRE

Please answer these questions by printing them and then faxing back your answers to (407) 332 - 8767. A representative will call or email you back with your results and brief assessment.

NAME: _____ AGE _____ DATE _____
EMAIL _____ PHONE _____

Dear Patient: The following questions are important for the interpretation and adequate correlation of the Urodynamic Exam that you are having. Please circle or write the correct answer.

1. How often do you void per day?

- about... 3 times
- 4 times
- 6 times
- 8 times
- more than 8 times.

2. Do you leak urine?

- when you.... cough
- sneeze
- strain
- all of the above

3. Do you wear pads?

- yes
- no
- How many a day? 2, 4, 6, 8

4. Do you have difficulties starting your stream?

- yes
- no

5. Does your stream "stop and start" several times when voiding?

- yes
- no

6. Do you wet your underclothes without knowing?

- yes
- no

7. Have you had any of the following surgeries:

Prostate
Hysterectomy
Bladder Repair
Urethral Dilatation (stretching)
Back Surgery

8. Please list the medications you are now taking:_____

9. Do you take over-the-counter allergies pills?

yes
no

_____ (if yes please write the name(s))

10. Have you ever had any of the following?

Blood in the urine
Kidney Stones
Pus in the urine

11. Do you wear a catheter?

yes
no

12. Do you have any of the following?

Diabetes
High Blood Pressure
Parkinson
Alzheimers
Previous Stroke
Nervous Disorders

Please mention any comments that you feel might help in your evaluation.

