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 #

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<td>No Relief</td>
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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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<tr>
<td>Not Frustrated</td>
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<td>Very Frustrated</td>
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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

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