

# THE UROLOGY GROUP

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## BLADDER SATISFACTION SURVEY

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ DATE: \_\_\_\_\_

### Which symptoms best describe you? (Circle one)

Frequent urination – day, night, or both      Leaking with sneezing, coughing, exercising  
Sudden or strong urge to urinate      Unable to empty the bladder  
Leaking with urge or no warning      None of these describe me  
(unable to make it to the bathroom in time)

How long have you had these symptoms: \_\_\_\_\_

Have you tried medications to help your symptoms?      Yes      No

### If yes, circle 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 #)

0	1	2	3	4	5	6	7	8	9	10
No relief								Completely cured		

### If you have stopped taking your medications, explain why: (Circle one)

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?

Fecal incontinence      Constipation      Other: \_\_\_\_\_

I am interested in learning more about treatment alternatives to medications:      Yes      No