THE UROLOGY GROUP

www.urologygroupvirginia.com

1860 Town Center Drive · Suite 150 · Reston, VA 20190 · 703-480-0220
19415 Deerfield Avenue · Suite 112 · Leesburg, VA 20176 · 703-724-1195
224-D Cornwall Street, NW · Suite 400 · Leesburg, VA 20176 · 703-443-6733

BLADDER SATISFACTION SURVEY

NAME:_____ **DATE OF BIRTH:**_____ **DATE:**_____

Which symptoms best describe you? (Circle one)

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

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**