



BLADDER & BOWEL SYMPTOMS QUESTIONNAIRE

Patient name: _____

Today's Date: _____ Date of birth: _____

Please Circle T for True or F for False for the following urinary symptoms:

1. I leak urine. If true, how long have you leaked urine? **T or F**

2. I have to wear pads because of losing urine. **T or F**

3. My bladder problem is bad enough that I would request surgery to correct it. **T or F**

4. I have had surgery on my bladder. If true, was it abdominal or vaginal. **T or F**

5. The operation I had on my bladder did not help. **T or F**

6. The operation I had on my bladder helped for a short time. **T or F**

7. The operation I had on my bladder did not help at all. **T or F**

8. I leak urine when I cough, sneeze, exercise, or move suddenly. **T or F**

9. I leak urine in small spurts. **T or F**

10. I lose large amounts of stool and once it starts I can't control it. **T or F**

11. If I cough hard, I leak at the same time. **T or F**

12. If I cough hard, the leaking comes a few seconds later. **T or F**

13. I lose urine with sexual intercourse. **T or F**

14. I often feel the urge and need to urinate even if my bladder isn't very full. **T or F**

15. I often feel the urge to urinate before leak. **T or F**

16. I often leak when I am trying to make it to the toilet. **T or F**

17. The sound, sight, or feel of running water causes leaking of urine. **T or F**

18. If I suddenly stand up after sitting or lying down, I lose urine. **T or F**

19. I urinate more than 6 times per day. **T or F**

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20. The need to urinate wakes me up at least two times during the night. T or F

21. I have had two or more bladder infections in the past year. T or F

22. Intercourse causes me to have bladder infections. T or F

23. I have pain in the general area of my bladder. T or F

24. It hurts to urinate. T or F

25. I have been treated by urethral dilation. T or F

26. I had trouble wetting the bed as a child. T or F

27. I have trouble wetting the bed now. T or F

28. My urine loss is a continual drip, so that I am constantly wet. T or F

29. I have troubles starting the urine stream. T or F

30. My urine stream starts and stops, starts, and stops. T or F

31. I dribble urine before or after urination. T or F

32. My urine stream is no more than a dribble. T or F

33. It takes me a long time to empty my bladder. T or F

34. After I urinate, I often feel I haven't completely emptied my bladder. T or F
35. I typically void _____ times during the day and I void _____ during the night. (please provide #)

PLEASE CIRCLE THE MOST ACCURATE ANSWER FOR THE FOLLOWING RECTAL SYMPTOMS:

1. Are you ever troubled with soiling yourself with a bowel movement? NEVER SOMETIMES FEQUENTLY
2. Do you have trouble soiling yourself with stool when you have diarrhea?
NEVER SOMETIMES FEQUENTLY
3. Do you have trouble with passing gas when you don't want to? NEVER SOMETIMES FEQUENTLY
4. Do you have trouble with constipation? NEVER SOMETIMES FEQUENTLY
5. Do you have to bear down very hard to empty your bowels? NEVER SOMETIMES FEQUENTLY
6. Do you feel that your bowels are never completely empty? NEVER SOMETIMES FEQUENTLY
7. Do you need to use a finger in your vagina to have a bowel movement?
NEVER SOMETIMES FEQUENTLY
8. How often are your bowel movements?
More than 2 per day 1-2 per day 1 every 2 days less than 2 per week