

Urogynecology History Questionnaire

Name: _____ Date: _____

Date of Birth: _____ Age: _____

1. Have you had treatment for urinary tract diseases such as (please check): stones _____, kidney disease _____, infections _____, tumors _____, injuries _____?
2. Have you had an operation on your spine _____, brain _____, or bladder _____?
3. Have you had a bladder infection during the last year? _____
4. If yes, did it occur more than twice during the last year? _____
5. Is your urine ever bloody? _____
6. What is the volume of urine you usually pass when you urinate?
Large _____, Medium _____, Small _____, Very Small _____
7. Do you notice any dribbling of urine when you stand after passing urine? _____
8. Do you lose urine by spurts during severe coughing _____, sneezing _____, vomiting _____, laughing _____?
9. If yes, in which position(s) does it occur?
Standing _____, Sitting _____, Lying Down _____
10. Do you lose urine *without* coughing, sneezing, vomiting or laughing? _____
11. If yes, when does it occur?
Walking _____, Running _____, Straining _____, Lying Down _____, Any Change in Position _____, After Intercourse _____, During Intercourse _____
12. If you lose urine, how long has this been happening? _____ years.
13. When you are passing urine, can you usually stop the flow? _____
14. Do you lose control and pass a large amount of urine when you cough _____, sneeze _____, laugh _____, lift _____, strain _____, vomit _____, during intercourse _____, after intercourse _____?
15. Do you have difficulty holding urine if you suddenly stand up after sitting or lying down? _____
16. Do you find it necessary to wear protection because you get wet from the urine you lose? _____
17. Is your urinary problem bad enough that you would request surgery to fix it? _____

Family Incontinence History

Does (did) your natural mother _____, sister _____, aunt _____, or grandmother _____ have problems with urine loss as a child or an adult?

Did she (they) have surgery to correct this problem?
Mother _____, Sister _____, Aunt _____, Grandmother _____.

At what age did the problem start?
Mother _____, Sister _____, Aunt _____, Grandmother _____.

How old were you when the problem started? _____

Did she (they) wet the bed as a child?
Mother _____, Sister _____, Aunt _____, Grandmother _____.

At what age did she (they) stop? _____

In the space below, summarize your urinary problem(s) as briefly as possible:

Bladder Diary

Enclosed is a bladder diary, a record of all the fluids you drink and all the fluids you urinate over two days. These two days do not need to be in a row. Do not change your fluid intake or bathroom habits while recording this diary. If you wear a pessary, please do one day of your diary with the pessary in and one day for the diary with the pessary out!

Keep track of all the fluids you drink and record them in the intake column. You may record your intake in ounces or cubic centimeters (cc).

To keep track of your urine amounts, you will be given a urine hat. The urine hat is placed under the toilet seat and will collect the amount of urine you pass. When you are away from home, you might find it more convenient to measure the urine volume by using a six or eight ounce cup or plastic container. Simply hold the container as if you were giving a urine specimen for the doctor. Record the amount of urine in the urine hat or measuring cup in the amount voided column.

Any time you leak, please explain what activity was associated with that leakage. Some types of activities are washing dishes, taking a shower, putting the key in the door, coughing, sneezing, laughing, running, walking or any activity which you feel is related.

The amount of urine leakage (i.e., leak with cough or leak with urge) should be recorded any time it occurs.

+ means the leakage was just a few drops

++ means the leakage was enough to wet your underwear

+++ means the leakage was enough to run down your legs

Under the urge column, please answer “yes” or “no” if urge was present.

Urge: need to rush to the bathroom because you fear you may not make it

Urge with leak: as above, but you were unable to make it to the bathroom

To help distinguish nighttime problems, please make it CLEAR on your diary when you have gone to bed (i.e., change pen color to red, write bedtime). Please note that your day begins when you GET UP TO STAY UP for the day.

Bring this completed diary with you when you have your bladder test (CMG) or your follow-up appointment.

When you arrive for you Urodynamic study – please come with a comfortably full bladder. Do not urinate once you get to the office.

If you usually wear a pessary, please leave it out for 3-5 days in advance of your Urodynamics. Bring you pessary with you but do not wear it.

Bladder Diary

Name: _____ Date : _____

Date of Birth: _____ Age: _____

To be completed before your doctor's appointment.

Date and Time of Day	Type and Amount of Fluid Intake	Amount Voided (In ounces or cc)	Amount of Leakage (small +, medium ++, large +++)	Activity Engaged in When Leakage Occurred	Was Urge Present?	Pessary In? Y/N

