

BLADDER/PELVIC FLOOR QUESTIONNAIRE

Your Name _____

You were sent this questionnaire since the information we were given at the time of making this appointment has led us to believe that you are having a problem with your bladder and/or pelvic floor, (something prolapsing into the vagina.) If you are not having any of these issues, you can ignore these questions, and just finish the other paperwork that was sent to you.

Please circle your answers to these questions so that I can get as best an understanding of your problem. We'll go over your answers at your visit and you'll have a chance to go into things in more detail, but at least we'll have a pretty good basis upon which to start.

Are you bothered by urinary incontinence (leaking urine)?		Yes	No
If yes, please answer following questions in this box. (If no, skip to next set of questions).			
How often ?	1x/week	every day	multiple times/day
How much?	Tiny dribbles	Spurts	Large amounts
Do you wear a pad for protection? what size?		Yes No pantyliner	heavier pad
Do you leak when you are performing some physical activity, such as coughing, sneezing, ,lifting, exercise?		Yes	No
Do you ever leak just when standing up?		Yes	No
Do you ever leak while walking or bending over (even when you don't feel like you need to empty your bladder)?		Yes	No
Do you have problems with a chronic cough?		Yes	No
Do your daily activities usually include a lot of lifting or other strenuous work?		Yes	No
Do you sometimes get a strong urge to empty your bladder, and not get to the toilet in time before leaking?		Yes	No
How many times/ day?		1	2 3 >3
Do you sometimes leak while putting your key in the door, or pulling your pants down in the bathroom?		Yes	No
Do you ever leak without feeling any urge or without any physical activity?		Yes	No
Do you worry about having accidents in public?		Yes	No
How long have you been bothered by incontinence?	<1 yr.	1-2yrs.	3-5 yrs. 5-10 yrs. >10 yrs.

Bladder Function - please answer these questions

How often do you urinate during the day?	Every ½ hr	Every hour	Every 2 hrs.
	every 3-4 hrs.	>every 4 hrs.	
When you do empty your bladder, is there usually quite a bit in there?		Yes	No
Do you often feel the need to go when there isn't much in your bladder?		Yes	No
Are you often worried about where the closest bathroom is?		Yes	No
Is it ever painful to urinate?		Yes	No

How often had you had urinary tract or bladder infections?	Never	every few years	1x/yr.
		2x/yr.	>2x/yr.
When you urinate, does it start easily ?	Yes	No	
Does it often take a while to get started and/or fully empty?	Yes	No	
Does it usually feel empty when you get up from the toilet?	Yes	No	

How many times do you typically get up at night to urinate?	0	1	2	3	>3
Does this bother you?	Yes	No			
How much comes out?	Moderate to large amt.			Just dribbles	
Do you think your bladder wakes you up?	Yes	no			
Can you easily fall back to sleep?	Yes	No			
Do you ever wet the bed?	Yes	No			

Fluid Intake

How many glasses of fluid would you estimate that you drink every day?	2	4	6	8	>8	
how many caffeinated drinks do you have/day (coffee, tea, cola)?	<1	1	2	3	4	5
how many carbonated drinks (pop) do you have/day?	<1	1	2	3	4	5
how many citrus drinks(ex. Orange juice)containing drinks do you have/day?	<1	1	2	3		
how many drinks with artificial sweeteners do you have/day?	<1	1	2	3	4	

History

Have you had any pregnancies?	Yes	No			
How many deliveries?	1	2	3	4	>4
If yes, did you deliver:	vaginally		c-section		
Were there any significant difficulties (i.e. severe tearing or infection)?	Yes	No			
Have you had a hysterectomy?	Yes	No			
If yes - how old were you? _____					
- reason?	bleeding	pain	prolapse	cancer	other
- how was it done?	through the vagina		through the abdomen		
- do you still have at least one of your ovaries?	Yes	No	I don't know		
- did they do any bladder or rectal repair at the same time?	Yes	No	I don't know		
If you are in menopause, about how long ago was your last period?	<2 yrs	5yrs	10yrs	15yrs	>20yrs.
Have you used any estrogen therapy in the last 3 yrs, such as pills, patches, or creams?	Yes	No			
Are you having sexual intercourse?	Yes	No			
If yes, how often?	>1x/wk	1x/mo	2x/yr.	Other:	
-Is it ever painful?	Yes	No			
-Do you use some type of lubricant for comfort?	Yes	No			
Do you think you are overweight?	Yes	No			
If yes, -have you been overweight for at least the last 10 yrs.?	Yes	No			
-have you gained a lot more weight in the last few years?	Yes	No			
- are you really trying to lose weight by diet and/ or exercise now?	Yes	No			
Did you have bladder problems as a child?	Yes	No			
Do other close family members have bladder problems?	Yes	No			

Do you feel that your quality of life is significantly affected by your bladder problem? Yes No

Is there something bulging or are you having pressure or discomfort in the vagina? Yes No

If yes, please answer questions in this box.

Is it uncomfortable to sit, walk, or do other activities that you need to do regularly?	Yes	No			
If yes, does the bulging or pressure get worse as the day goes on?	Yes	No			
Do you have to push it up during the day to be comfortable?	Yes	No			
Does it keep you from doing some things that you would really like to do ?	Yes	No			
Do you do strenuous work inside or outside the home on a regular basis?	Yes	No			
Any strenuous activities frequently in the past?	Yes	No			
Do you do high impact exercises (i.e running, jogging, aerobics)?	Yes	No			
Do you lift weights for exercise?	Yes	No			
Do you have trouble emptying your bowels?	Yes	No			
Do you need to strain, wiggle on the toilet, or put your finger near the rectum to get it to empty, even sometimes ?	Yes	No			
How often do you have a BM?	2-3/day	1x/day	every other day	2x/wk.	1x/wk.
Are your stools:	normally formed	very soft or loose	very firm and hard		
Do you take anything for your bowels on a regular basis such as a stool softener or laxative?	Yes	No			
Have you had a colonoscopy in the last 10 years?	Yes	No			

Treatment Options (please answer these questions)

Have you seen any other doctors in the past about your bladder or prolapse problem?	Yes	No		
Have you had any treatment for your bladder/vaginal problem in the past?	Yes	No		
If yes, was it:	Surgery	pessary	physical therapy	another procedure:
Do you know how to do Kegel exercises?	Yes	No		
If yes, do you do them on a regular basis?	Yes	No		
Regarding your problem, if Dr.Heidtke thinks it might be helpful, would you consider				
-making dietary changes?	Yes	No		
-exercises and physical therapy?	Yes	No		
-wearing a pessary (a round rubbery devise which is inserted into your vagina and can be removed on a regular basis for cleaning)?	Yes	No		
- having surgery?	Yes	No		
- do you know anyone who has had surgery for incontinence and/or prolapse?	Yes	No		
- have you seen TV ads, talked to anyone directly, or read on the internet about "mesh" in the treatment for bladder and vaginal repair?	Yes	No		

Are there any other things you may want to bring to my attention or ask about at your visit?