



BLADDER SATISFACTION SURVEY

Name _____ Phone # _____

Doctor _____

Which symptoms best describe you?

- Frequent Urination – Day, Night, or Both Leaking with Sneezing, Coughing, Exercising
- Sudden or Strong Urge to urinate Leaking with Urge or No Warning (Unable to make it to the bathroom in time)
- Unable to Empty the Bladder Bladder or Pelvic Pain

How long have you had these symptoms? _____

Have you tried medications to help your symptoms? Yes No

If yes, check 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've stopped taking your meds explain why:

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