

Associated Urologists of Nashville

Benjamin Dehner Austin Lutz Harriette Scarpero David Schull John Warner Kate Meriwether, NP

Name: _____

Phone Number: _____

Doctor: _____

Date: _____

Which symptoms best describe you? *Check all that apply*

- Can not urinate or never completely empty bladder
- Frequent urination - day, night, or both
- Sudden or strong urge to urinate
- Leakage with little or no warning - sometimes unable to make it to the bathroom in time
- Unable to completely empty bladder - feels like there is more even after going to the bathroom
- Accidental leakage with physical activity - exercising, sneezing, or coughing
- Bladder or Pelvic Pain
- Accidental loss or leakage of stool—sometimes unable to make it to the bathroom in time
- Bowel accidents while unaware—no warning and/or while asleep
- Frequent, loose, watery stools
- Sudden or strong urge to have a bowel movement
- Bowel accidents when passing gas
- No bladder or bowel problems (if checked, please discontinue questionnaire)

How long have you had these symptoms? _____

Bladder or Bowel Symptom Frustration: *Circle a Number*

0	1	2	3	4	5	6	7	8	9	10
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**Not
Frustrated**

**Extremely
Frustrated**

Have you tried behavior modifications? Yes No

(Reduced fluid intake, caffeine reduction, Kegel exercises, physical therapy, fiber intake, or lifestyle changes)

Circle the medications you have tried to help your bladder or bowel symptoms?

Detrol Ditropan XL Enablex Oxytrol Patch Oxybutynin Vesicare Sanctura Toviaz Myrbetriq Imodium Other

Are you still taking any of these medications? Yes No

If no, why have you stopped taking them?

- Did not work as well as expected
- Side effects
- Expense
- Interaction with other medications
- Other

Medication Symptom Relief: *Circle a Number*

0	1	2	3	4	5	6	7	8	9	10
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No Relief

Complete Symptom Relief