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Urologic Questionnaire

Please answer the following questions to the best of your ability:

Name: _____ Age: _____ Phone: _____

Date: _____ Patient Number: _____

Number of pregnancies: _____ Number of deliveries: _____

Question	Yes	No
1) Have you had treatment for urinary tract disease, such as: (Please check) stones <input type="checkbox"/> , kidney disease <input type="checkbox"/> , infections <input type="checkbox"/> , tumors <input type="checkbox"/> , or injuries <input type="checkbox"/> ?		
2) Have you ever had paralysis <input type="checkbox"/> , polio <input type="checkbox"/> , multiple sclerosis <input type="checkbox"/> , stroke <input type="checkbox"/> , back pain <input type="checkbox"/> , syphilis <input type="checkbox"/> , diabetes <input type="checkbox"/> , or pernicious anemia <input type="checkbox"/> ? (If yes, check proper ones).		
3) Have you ever had an operation on your spine <input type="checkbox"/> , brain <input type="checkbox"/> , or bladder <input type="checkbox"/> ?		
4) Have you had a bladder infection during the last year?		
5) If yes, did it occur more than twice during the last year?		
6) Did the bladder infection follow intercourse at any time?		
7) Is your urine ever bloody?		
8) Have you ever been treated by urethral dilatation?		
9) If yes, when? _____ How many times? _____		
10) Did urethral dilatation help you?		
11) Did you have trouble holding urine as a child?		
12) As a child, did you wet the bed?		
13) If yes, at what age did you stop? _____		
14) Do you wet the bed now?		

Question	Yes	No
15) What is the volume of urine you usually pass? (Please check) large <input type="checkbox"/> , medium <input type="checkbox"/> , small <input type="checkbox"/> , very small <input type="checkbox"/>		
16) Do you notice any dribbling of urine when you stand after passing urine?		
17) Do you lose urine by spurts during severe coughing <input type="checkbox"/> , sneezing <input type="checkbox"/> , laughing <input type="checkbox"/> , or vomiting <input type="checkbox"/> ? (Please check).		
18) If yes, in which position(s) does it occur? (Please check) standing <input type="checkbox"/> , sitting <input type="checkbox"/> , laying down <input type="checkbox"/>		
19) Do you lose urine without coughing, sneezing, laughing, or vomiting?		
20) If yes, when does it occur? (Please check) walking <input type="checkbox"/> , running <input type="checkbox"/> , straining <input type="checkbox"/> , laying down <input type="checkbox"/> , any change of position <input type="checkbox"/> , after intercourse <input type="checkbox"/> , during intercourse <input type="checkbox"/>		
21) When you are passing urine, can you usually stop the flow?		
22) Did your urine difficulty start during pregnancy <input type="checkbox"/> , or after delivery of an infant <input type="checkbox"/> ? (If yes, check proper one).		
23) Did it follow an operation?		
24) If yes, check the type of operation: <input type="checkbox"/> Hysterectomy (removal of womb), through the <u>abdomen</u> <input type="checkbox"/> Hysterectomy (removal of womb), through the <u>vagina</u> <input type="checkbox"/> Removal of a tumor through the abdomen <input type="checkbox"/> Vaginal repair operation <input type="checkbox"/> Suspension of the uterus or bladder <input type="checkbox"/> Cesarean section <input type="checkbox"/> Other (describe) _____		
25) Did it follow x-ray (radiation) treatment?		
26) If your menstrual periods have stopped, did the menopause make your condition worse?		
27) Do you lose control and pass a <u>large</u> amount of urine when you cough <input type="checkbox"/> , sneeze <input type="checkbox"/> , laugh <input type="checkbox"/> , lift <input type="checkbox"/> , strain <input type="checkbox"/> , vomit <input type="checkbox"/> , during intercourse <input type="checkbox"/> , after intercourse <input type="checkbox"/> ?		
28) Do you have difficulty holding urine if you suddenly stand up after sitting or lying down?		
29) Do you find it necessary to wear protection because you get wet from the urine you lose?		

Question	Yes	No																					
30) If yes, at what age did you start using this protection? _____																							
31) When do you wear protection? (Please check) Occasionally <input type="checkbox"/> , all the time <input type="checkbox"/> , only during the day <input type="checkbox"/> , only at night <input type="checkbox"/> .																							
32) Is your urinary problem bad enough that you would request surgery to fix it?																							
33) List all medications you are now using and duration of use of each medication (including contraceptives and over-the-counter medications): <table border="1" data-bbox="302 737 1458 1136" style="width: 100%; margin-top: 10px;"> <thead> <tr> <th data-bbox="302 737 743 800">Medication</th> <th data-bbox="743 737 1203 800">Dosage/Frequency</th> <th data-bbox="1203 737 1458 800">Duration of use</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Medication	Dosage/Frequency	Duration of use																				
Medication	Dosage/Frequency	Duration of use																					
34) When you lose your urine accidentally, are you ever unaware that it is passing?																							
35) Do you always have an uncomfortably strong need to pass urine before you empty your bladder?																							
36) Do you lose urine before reaching the toilet?																							
37) If yes, is this urine loss painful?																							
38) Do you have to hurry to the toilet or can you take your time? (Please check) hurry <input type="checkbox"/> , take time <input type="checkbox"/> .																							
39) Can you overcome the uncomfortably strong need to pass urine? (Please check) usually <input type="checkbox"/> , occasionally <input type="checkbox"/> , rarely <input type="checkbox"/>																							
40) Do you have an uncomfortably strong need to pass urine <i>with</i> a full bladder?																							
41) Do you have an uncomfortably strong need to pass urine <i>without</i> a full bladder?																							
42) How many times do you void during the night after going to bed? _____																							
43) How many times do you void during the first hour after going to bed? _____																							

Question	Yes	No
44) Does an uncomfortably strong need to pass urine wake you up?		
45) Are you usually awake and simply pass urine while up?		
46) After passing urine, can you usually go back to sleep?		
47) How much fluid do you usually drink before going to bed? _____ cups		
48) Do you have discomfort in the area above or to the side of your bladder?		
49) Do you have pain while you pass your urine?		
50) Is it painful during the entire time you pass urine?		
51) Is it painful only at the end of passing urine?		
52) Do you always feel that your bladder is empty after passing urine?		
53) Do you usually have painful passing of urine after intercourse?		
54) Do you need to pass urine more frequently after intercourse?		
55) Does your bladder discomfort stop completely after passing urine?		
56) How often do you pass urine during the day? Every _____ hours.		
57) Is it necessary for you to pass urine frequently?		
58) Does the sound, the sight, or the feel of running water cause you to lose urine?		
59) Do you need to pass urine more frequently when riding in a car?		
60) Is your clothing slightly damp <input type="checkbox"/> , wet <input type="checkbox"/> , soaking wet <input type="checkbox"/> , or do you leave puddles on the floor <input type="checkbox"/> ? (Please check one).		
61) Is your loss of urine a continual drip so that you are constantly wet?		
62) Are you ever suddenly aware that you are losing or are about to lose control of your urine?		
63) How often does this occur? _____/Day _____/Week		
64) Do you usually have difficulty starting your urine stream?		
65) Do you find it frequently necessary to have your urine removed by means of a catheter because you are unable to pass it?		

