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

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