

Pelvic Floor Health Survey

1) Which symptoms best describes your urinary issues?

- Frequent Urination (circle)- DAY NIGHT BOTH
 Sudden or Strong Urge to Urinate
 Bladder or Pelvic Pain
 Unable to Empty the Bladder
 Leaking with Sneezing, Coughing, Exercising
 Leaking with Urge or No Warning (Unable to make it to the bathroom in time)

2) How long have you had these symptoms? _____

3) How frequently do you void (on average) during the **day**? _____

4) How many times do you void (on average) each **night**? _____

5) Do you use pads? If so, how many over a 24 hr period _____

6) Behavior Modifications you have tried:

- Lifestyle Changes
 Biofeedback
 Liquid Intake
 Other _____

7) Medications you have tried:

- Detral LA VESicare Ditropan (oxybutynin) Geinique Myrbeti
 Toviaz DDAVP Elavil Elmiron Sanctura Other _____

6) Did these medications and changes help your symptoms? Circle Number

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

No Relief

Completely Cured

7) If you've stopping taking your meds, explain why: Didn't work Side Effects. Too Expensive

8) Are you frustrated with your bladder symptoms? YES NO

9) Describe Side Effects _____

10) Do you have significant trouble controlling your bowels? YES NO