FEMALE UROLOGY QUESTIONNAIRE

Do you now or have you had any recent problems related to the following systems?

**Urinary Incontinence (leakage)**

How often do you experience urinary leakage (please circle one)

<table>
<thead>
<tr>
<th>Never. I do not leak</th>
<th>Less than once a month</th>
<th>A few times a month</th>
<th>A few times a week</th>
<th>Every day and/or night</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

How much urine do you lose each time (please circle one)

<table>
<thead>
<tr>
<th>None. I do not leak</th>
<th>Drops</th>
<th>Small splashes</th>
<th>More</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
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</table>

Circle **Yes** or **No**

Leaking with cough, laugh, movement? Y N
Leaking with urgency (can’t get to toilet in time) Y N
Do you wear pads due to leaking Y N
How many in 24 hours
What kind/type

**Overactive Bladder symptoms**

Excessive urge to urinate Y N
Excessive frequency of urination Y N
How many urinations in 24 hours

When you have the urge to urinate, how long can you delay? ___ seconds ___ minutes ___ hours ___ not at all

Average fluid intake per day (1 glass is 8oz/1cup) ____________glasses/day
How many cups of caffeinated beverages per day? ____________glasses/day

Circle any foods/drinks you commonly enjoy:

Coffee Tea Cola Soda Spicy Foods Citrus Fruits/ Juice (orange, lemon, etc) Tomato MSG Artificial sweeteners Alcohol Chocolate Pickled Foods Indian/Mexican/Thai foods

Pain

Describe the pain

With urination Y N
Relieved by urination Y N

**Pelvic Organ Prolapse symptoms**

Pressure in lower abdomen Y N
Heaviness/dullness in the pelvis Y N
Sensation of incomplete emptying Y N
Have to push on a vaginal bulge to start or complete urination Y N
Bulge or something you see or feel falling out of the vaginal area Y N
Have to push on the vagina or around the rectum to have or complete a bowel movement Y N

**ISI Score (multiply Q1xQ2)**

None Slight (1-2) Moderate (3-6) Severe (8-9) Very Severe (10-12)