

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
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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
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Not Frustrated

Very Frustrated

I am interested in learning more about treatment alternatives to medications: Yes No

Overactive Bladder Symptom Score (OABSS)

Question-Circle score that best describes you	Response	Score
How many times do you typically urinate from waking in the morning until sleeping at night?	≤ 7	0
	14-Aug	1
	≥ 15	2
How many times do you typically wake up to urinate from sleeping at night until waking in the morning?	0	0
	1	1
	2	2
	≥ 3	3
How often do you have a sudden desire to urinate, which is difficult to defer?	None	0
	< once/week	1
	\geq once/week	2
	about once/day	3
	2-4 times/day	4
	≥ 5 times/day	5
How often do you leak urine because you cannot defer the sudden desire to urinate?	None	0
	< once/week	1
	\geq once/week	2
	about once/day	3
	2-4 times/day	4
	≥ 5 times/day	5

Total Symptom Score _____

Total Score: (circle one)

0-4 Mildly Symptomatic; 5-9 Moderately Symptomatic; 10-15 Severely Symptomatic

Quality of life due to urinary problems:

If you were to spend the rest of your life with your urinary condition just the way it is now, how would you feel about that?

0	1	2	3	4	5
Pleased					Terrible