

Overactive Bladder Questionnaire

UROLOGY
SAN ANTONIO

Name: _____

DOB: _____

Symptoms (Please check all that apply)

- Sudden or strong urge to urinate
- Frequent urination (day, night, both)
- Unable to empty bladder (feels like there is more even after urinating)
- Leakage with little or no warning
- Accidental leakage with physical activity – exercising, sneezing, or coughing.
- Bladder or pelvic pain
- Burning before, during, or after urinating
- Problems with bowel function (select all that apply)
 - Accidental loss or leakage of stool
 - Constipation
 - Other
- No bladder or bowel problems (if checked, please discontinue questionnaire)

How long have you had these symptoms? _____

How frequently do you urinate during the daytime? _____

How many times do you urinate at night (Nocturia)? _____

Do you currently catheterize? Yes / No How many times per day _____

Average number of pads used daily? _____

Which behavior modifications have you tried? (check all that apply)

- Reduce fluid intake
- Caffeine reduction
- Kegel exercises
- Physical Therapy

Do your urinary symptoms affect your activities of daily living? Yes / No _____

Please list any prior bladder procedures: _____

Please indicate any medications you have tried. If none, select 'none'.

- | | |
|---|---|
| <input type="checkbox"/> None | <input type="checkbox"/> IC Medications [Elmiron, Elavil (Amitriptyline)] |
| <input type="checkbox"/> DDAVP (Desmopressin Acetate) | <input type="checkbox"/> Myrbetriq |
| <input type="checkbox"/> Detrol LA (Tolterodine Tartrate) | <input type="checkbox"/> Oxytrol |
| <input type="checkbox"/> Ditropan (Oxybutynin) | <input type="checkbox"/> Sanctura (Tropium) |
| <input type="checkbox"/> Enablex (Darifenacin) | <input type="checkbox"/> Toviaz (Fesoterodine Fumarate) |
| <input type="checkbox"/> Gelnique | <input type="checkbox"/> Vesicare (Solifenacin) |

Did these medications help your symptoms? Yes No

If you stopped taking your medication(s), please indicate the reason:

- Did not help
- Side effects
- Too expensive
- Other

Please describe any side effects caused by the medication(s): _____
