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Voiding Questionnaire

Patient Name: _____ Date of Birth: _____

Date of Questionnaire: _____

Daytime voiding frequency:

- Every 15 minutes
- Every 30 minutes to 1 hour
- Every 3-4 hours
- 1-4 times per day

Are you awakened at night (while sleeping) to void:

- 4 or more times
- 2-3 times
- usually once
- usually not at all

Do you have a feeling of "urgency" when you need to void?

- Yes
- No

How would you characterize your urinary stream?

- Strong and steady
- Weak and thin
- Intermittent or interrupted

Do you have to push or strain to empty your bladder?

- Yes
- No

Do you usually feel your bladder is completely empty after you finish urinating?

- Yes
- No

Urinary tract infections, check whichever is appropriate for you

- Few or no bladder infections (so-called "cystitis")
- Frequent bladder infections (more than 1-2 per year)
- Very frequent bladder infections (every 2 months or so) or episodes of kidney infections
- Any childhood urinary tract infections

Please characterize your bowel movements:

- In general, regular movements
- Always or frequently constipated
- Need to use digital (finger pressure) to completely evacuate

Parity: If you have ever been pregnant

- I have never been pregnant
- Number of vaginal deliveries _____
- Number of C-sections _____
- What was the birth weight of your babies? _____
- Were any of your deliveries done after prolonged labor or with forceps delivery?

Menstrual status

- Regular menses
- Postmenopausal
- Perimenopausal (periods are stopping)

Have you ever had a kidney stone?

- Yes
- No

Have you ever had blood visible in your urine?

- Yes
- No

Urinary leakage (incontinence)

How often do you wet yourself during the day?

- Never
- Once a month or so
- Every week
- Several times a week
- Daily
- Several times a day

When do you leak?

- With exercise or stress (cough, sneeze, or heavy lifting/strain)
- When I have an uncontrollable urge to urinate and I can't stop (or on the way to the bathroom)
- I am unaware that I leak, I just find myself wet
- I leak very easily, with intercourse or when rising from a chair
- I leak continuously

Do you wear pads?

- None
- One a day
- 2-4 a day
- More than 4 a day

If you wear pads, when do you change them? Circle one – when they are: wet; damp; dry

How much do you leak (when you leak)?

Drops or "spurts" each time

A large amount each time

I empty my whole bladder

How long has this been a problem?

Months – how many? _____

Years – How many? _____

My whole life

Do you wet the bed at night?

Yes

No

Do you have neurologic symptoms (weakness, stiffness, walking difficulty)?

Yes

No

Have you had any of the following operations?

Hysterectomy

Cystocele repair

Procedure to prevent incontinence ("bladder lift")

Colorectal operation or colostomy

Please list all medications:

Have you had any previous treatments for urinary leakage (exercise, medications, surgeries)?
