



MELISSA SLATTERY

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URINARY INCONTINENCE QUESTIONNAIRE

Please complete this form and return it to the rooms prior to, or at the time of your consultation.

Name & Contact Details:

Patient Profile: _____

Name _____

DOB _____

Number of pregnancies _____ Number of children _____ Weight of heaviest child _____

Symptom:

How long have you had trouble with urinary incontinence? _____

Do you currently need to wear pads for protection? _____

How many times do you need to go to the toilet? _____ daytime _____ nighttime

Have you had to limit any activities because of incontinence? _____

How many cups of tea and coffee do you have per day (combined)? _____

In which situations do you experience incontinence?: coughing/ sneezing exercise minimal activity eg walking

at rest on the way to the toilet at night with intercourse

How often do you experience incontinence per day on average? _____

Are you able to "hold off" when you need to urinate? _____

Do you have difficulty starting or need to strain to pass urine? _____

Does the flow rate of urine seem slow? _____

Are you able to stop the flow during urination? _____

Do you experience urine dribbling at the end of urinating? _____

Do you feel that your bladder empties completely? _____

Have you experienced urinary tract infections? _____ If so, how many in the past year? _____

Do you experience pain with urination? _____

Has there ever been blood in your urine? _____

Do you have back pain? _____

Previous investigations and treatment:

What kind of health care provider have you previously seen in relation to this problem? GP Gynaecologist

Physiotherapist alternative therapist eg. Naturopath other

What previous investigations have you had? Eg Xrays, ultrasound, urodynamics _____

What previous treatment have you had if any? drug treatment surgery physiotherapy

Did previous treatments help? _____

Urinary frequency/ volume measurement and fluid intake record: _____

Prior to your appointment please keep a recorded measurement of all urinary volumes passed and fluid drunk for 2 consecutive days. When completed return the record to the rooms or bring it with you at the time of your appointment.