

# Female Urology & Sexual Health Questionnaire

Patient Name \_\_\_\_\_ DOB \_\_\_\_\_ Date \_\_\_\_\_

Do you *now* or have you had any recent problems related to the following:

Q1. How often do you experience leakage? *(please circle one)*

<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
<i>Never</i>	<i>Less than once a month</i>	<i>A few times a month</i>	<i>A few times a week</i>	<i>Every day and/or night</i>

Q2. How much urine do you lose each time? *(please circle one)*

<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
<i>None</i>	<i>Drops</i>	<i>Small Splashes</i>	<i>More</i>

<i>Office use only – ISI score Multiply Q1xQ2 (UISEVINDEIX)</i>				
<i>Score</i>	<i>1-2 None/Slight</i>	<i>3-6 Moderate</i>	<i>8-9 Severe</i>	<i>10-12 Very Severe</i>

Do you experience leaking with coughing, laughing, movement?  Yes  No  
 Do you experience leaking with urgency? (can't get to toilet in time?)  Yes  No  
 Do you wear pads due to leaking?  Yes  No If yes, type \_\_\_\_\_ #/day \_\_\_\_\_ #/night \_\_\_\_\_

## Overactive Bladder Symptoms

Do you experience urgency to urinate?  Yes  No Excessive frequency?  Yes  No  
 How frequently do you need to urinate? Daytime \_\_\_\_\_ Nighttime \_\_\_\_\_  
 When you have the urge to urinate, how long can you delay?  Not at all  Seconds  Minutes  Hours  
 What is your average fluid intake per day (1 glass is 8oz/1cup) \_\_\_\_\_ glasses per day  
 How many cups of caffeinated beverages per day? \_\_\_\_\_ cups per day

Do you experience pain with urination?  Yes  No Is it relieved by urination?  Yes  No  
 Please describe the pain \_\_\_\_\_

## Sexual Health

Do you experience vaginal dryness?  Yes  No  
 Do you experience pain with intercourse?  Yes  No

## Pelvic Organ Prolapse symptoms:

Do you experience pressure in your lower abdomen?  Yes  No  
 Do you experience a heaviness or dullness in the pelvis?  Yes  No  
 Do you have a sensation of incomplete emptying of your bladder?  Yes  No  
 Do you have to push on a vaginal bulge to start or complete urination?  Yes  No  
 Do you feel or see a bulge in your vaginal area?  Yes  No  
 Do you ever have to push on your vagina or around your rectum to have or complete a bowel movement?  Yes  No