

WINDHAM UROLOGY GROUP, P.C.  
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INCONTINENCE Questionnaire

Patient's Name: \_\_\_\_\_ Date: \_\_\_\_\_ Age: \_\_\_\_\_

**OVERACTIVE BLADDER**

FREQUENCY OF URINE LEAK

- Less than once per week
- Less than once per day
- More than once every day
- More than twice per day
- Always wet

How many years have you leaked urine?

FREQUENCY OF VOIDING

Day  
Night - more than twice      yes      no

FLUID INTAKE

Water                                  glasses / day  
Coffee / tea                              cups / day  
Carbonated beverages                  glasses / day  
Other

AMOUNT OF URINE LEAK

- Few drops - slight dampness
- Less than a teaspoonful - definitely damp
- More than a teaspoonful - wet
- Large volumes - soaking

URGE

Do you have strong urges to pass urine?      yes      no  
If yes, do you lose urine before reaching the toilet?

- Never
- Occasionally
- Usually
- Always

PROTECTION AND CHANGES

- No pads or protection, and no change of undergarments all day.
- Pads only if you are going out.
- Pads or protection every day, changing once.
- Pads or protection every day, changing twice.
- Pads or protection every day, changing three or more times a day.

**STRESS INCONTINENCE**

ACTIVITIES OR STRESS

- No leak with vigorous activity
- Leak with intercourse
- Only leak with vigorous exercise
- Leak with cough, laugh, sneeze
- Leak with fast running
- Leak with walking on flat ground or getting up from sitting
- Leak with slightest movement, even in bed

**BLADDER CONTROL (ADDITIONAL QUESTIONS)**

Have you stopped doing any activities, sports, socializing, etc. due to bladder symptoms?      yes      no

When passing urine are you able to stop the flow?  
yes      no      don't know

Have you had previous surgery or treatment for urinary incontinence?      yes      no  
If yes, what?

Do you have a history of urinary tract infections?  
yes      no

Have you ever noticed blood in your urine?  
yes      no

Have you ever had kidney stones?  
yes      no

**MEDICATIONS FOR BLADDER PROBLEMS**

Past

Current

Side effects

**PREVIOUS INVESTIGATIONS**