

**WINDHAM UROLOGY GROUP, P.C.  
BRIAN S. MCLEOD, M.D.**

63 Canterbury Road  
Brooklyn, CT 06234  
860-412-0491  
860-412-0496 (fax)

**U.T.I. Questionnaire**

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

**How many times have you been treated for a urinary tract infection in the last year?** \_\_\_\_\_.

**What are the approximate dates:** \_\_\_\_\_.

**How long have you been getting infections?** \_\_\_\_\_.

**What symptoms do you get with an infection?** \_\_\_\_\_

\_\_\_\_\_.

**Do you get U.T.I. symptoms with your period?**            YES \_\_\_\_\_            NO \_\_\_\_\_

**If yes, what are those symptoms?** \_\_\_\_\_

**How frequently do you urinate during the day?** \_\_\_\_\_ **at night** \_\_\_\_\_.

**Do you have a history of endometriosis?**            YES \_\_\_\_\_            NO \_\_\_\_\_

**Do you have any history of pelvic surgery?**            YES \_\_\_\_\_            NO \_\_\_\_\_

**Do you have any history of urinary tract surgery?**            YES \_\_\_\_\_            NO \_\_\_\_\_

**Do you ever experience the following; (please check all that apply)**

\_\_\_\_\_ **Pressure or pain in the bladder or urethral area**

\_\_\_\_\_ **Pain in flank or back**

\_\_\_\_\_ **Pain with intercourse**

\_\_\_\_\_ **Fever**

\_\_\_\_\_ **Bloody urine**

\_\_\_\_\_ **Incontinence**

**Do you drink coffee?**            NO \_\_\_\_\_            YES \_\_\_\_\_ **how much** \_\_\_\_\_

**Do your drink tea?**            NO \_\_\_\_\_            YES \_\_\_\_\_ **how much** \_\_\_\_\_

**Do you eat chocolate?**            NO \_\_\_\_\_            YES \_\_\_\_\_ **how much** \_\_\_\_\_