Bladder Patient Satisfaction Survey

Patient Name: _______________________     Phone#: _______________________________
Address: _________________________________________  Doctor: ___________________

Which symptoms best describes you? (Circle answers)

- Frequent Urination-Day, Night or Both
- Leaking with sneezing, coughing, exercising
- Sudden or Strong Urge to urinate
- Leaking with Urge or with no warning- Unable to make it to the bathroom in time.
- Unable to Empty the Bladder

_____None of these symptoms apply to me

How long have you had these symptoms? ______________________________________

Have you tried medications to help your symptoms?    Yes    No

If so, which ones have you tried?

- Detrol LA
- Ditropan XL
- Flomax
- Cardura
- Oxytrol Patch
- Enablex
- Vesicare DDAVP
- Gelnique
- Toviaz
- SancturaElavil
- Elmiron
- Other

Did these Medications help your symptoms?

Little Relief- 1   2   3   4   5   6   7   8   9   10- Completely Cured

If you stopped your medications, Why?

- Did not help
- Side effects
- Too Expensive

Explain Side effects ____________________________________________

What is your level of frustration with your bladder symptoms?

Not Frustrated- 1   2   3   4   5   6   7   8   9   10- Very Frustrated

Do you experience any bowel incontinence? How frequent? Please describe.

If you were to spend the rest of your life with your condition just the way it is now,
Would you be:  (Please circle one)    Mostly Satisfied    or    Disappointed?