

Name: \_\_\_\_\_ Date \_\_\_\_\_

## Pelvic Support Survey

### Bladder Symptoms:

1. Y\_\_\_\_N\_\_\_\_, I have leaking accidents with my bladder.
2. My accidents happen: **(Circle)** Daily, Several times a week, Rarely
3. These symptoms began how many years ago? **(Circle)** 0-1, 2, 3, 4, 5-10, >10
4. Y\_\_\_\_N\_\_\_\_, I wear pads every day?
5. Y\_\_\_\_N\_\_\_\_, I tried Kegels and or pelvic exercises? Did it help? Y\_\_\_\_N\_\_\_\_
6. I have tried these medications for my leakage: **(Circle)** A lot, A little, Didn't help.
7. List any current medication you take for your bladder control: \_\_\_\_\_
8. Y\_\_\_\_N\_\_\_\_, I have had bladder surgery. Year:\_\_\_\_\_, Type of surgery:\_\_\_\_\_

### Stress UI

1. Y\_\_\_\_N\_\_\_\_, I leak when I cough or sneeze, lift, jump or laugh?

### Urge UI

1. Y\_\_\_\_N\_\_\_\_, I sometimes leak on the way to the bathroom?
2. Y\_\_\_\_N\_\_\_\_, Once I start leaking I can't stop it and a lots comes out.

### Urgency/Frequency/OAB

1. Y\_\_\_\_N\_\_\_\_, I often get that sudden "GOT TO GO" sensation.
2. I usually void every: **(Circle)** 30 Minutes, hourly, 2 hours, 3-4 hours
3. Y\_\_\_\_N\_\_\_\_, Running water or a cold blast of air triggers my urge to go.

### Incomplete Emptying (Overflow incontinence, neurogenic bladder)

1. Y\_\_\_\_N\_\_\_\_, When I finish voiding and stand up more urine leaks out.
2. Y\_\_\_\_N\_\_\_\_, I have a weak stream and it takes a long time to void?
3. Y\_\_\_\_N\_\_\_\_, I have to bear down hard to get urine to come out.
4. Y\_\_\_\_N\_\_\_\_, I use my finger or hand to press against my bladder to go.

### Nocturia

1. Number of times I get out of bed at night to void: **(Circle)** 1, 2, 3, 4, 5, 6, 7, 8, 9, 10

### Enuresis

1. I wake up wet. **(Circle)** Every night, weekly, rarely, never

### Prolapse:

1. Y\_\_\_\_N\_\_\_\_, When I stand I feel fullness in my vagina.
2. Y\_\_\_\_N\_\_\_\_, I can feel or see a bulge coming out of my vagina.
3. Y\_\_\_\_N\_\_\_\_, I have worn a pessary o hold things up. Do you wear one now? Y\_\_\_\_N\_\_\_\_
4. Y\_\_\_\_N\_\_\_\_, I have had prolapsed surgery. Year:\_\_\_\_\_, Type of surgery:\_\_\_\_\_

### Anal Incontinence:

1. Y\_\_\_\_N\_\_\_\_, I often can't control gas from coming out.
2. Y\_\_\_\_N\_\_\_\_, Sometimes I find stool in my underwear unexpectedly.
3. Y\_\_\_\_N\_\_\_\_, Sometimes I get the urge to have a bowel movement and can't stop it (UAI)
4. My accidents with stool happen: **(Circle)** Daily, Weekly, Rarely

### Constipation:

1. Y\_\_\_\_N\_\_\_\_, I have to strain to have a bowel movement.
2. Y\_\_\_\_N\_\_\_\_, I feel that the stools sit just below my vagina and won't come out.
3. Y\_\_\_\_N\_\_\_\_, I press my hand against my bottom or vagina to get the BM to come out?
4. List any medications or remedies you use for this problem? \_\_\_\_\_