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| **Urine** |
| Do you leak urine when you cough, sneeze, laugh or jump? No / Yes If yes, please explain |
| How frequently do you urinate during the day? 1-2x / 3-4x / 5-7x / 7-10x / more than 10 times/day |
| Do you instantly get a sudden urge to urinate? No / Yes If yes, please explain |
| Do you have difficulty starting your urine stream (shy bladder)? No / Yes If yes, please explain |
| Do you get up to pee during the night? Never / Infrequently / Sometimes / 1x / 2-3x / 4+ Age:\_\_\_\_\_ |
| Do you have problems with bedwetting, either presently or as a child? No / Yes If yes, please explain |
|  |
| **Bowel Function** |
| Do you have difficulty controlling your bowels/gas urges or leakage? No / Yes If yes, please explain |
| Do you experience Back / Pelvic / Rectal / Vaginal pain? No / Yes Circle and Explain |
| Do you have Constipation or Strain to pass a bowl movement / or a History? No / Yes If yes, explain |
| Do you get poop on your underwear? No / Yes If yes, please explain |
| Do you find residual poop on the toilet paper after you only pee (leaking feces)? No / Yes Explain |
|  |
| **Sexual Function** |
| Is Intercourse ever painful (painful sex)? No / Yes If yes, please explain |
| Do you have reduced sexual sensation or pleasure? No / Yes If yes, please explain |
|  |
| **General History** |
| Are you (or ever been) an elite athlete? Runner / Dancer / Gymnast / Body Builder / Other \_\_\_\_\_\_\_\_\_ |
| Do you have chronic cough from Allergies / Smoking / Asthma / Other \_\_\_\_\_\_\_)? No / Yes Circle |
| Have you ever been Underweight / Overweight? No / Yes If yes, please explain |