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EVALUATION OF INCONTINENCE

	YES	NO
Do you leak urine when you cough, sneeze, or laugh?	()	()
Do you ever have such an uncomfortably strong need to urinate that if you don't reach the toilet you will leak?	()	()
If yes to the above, do you ever leak before you reach the toilet?	()	()
How many times during the day do you urinate?	_____	
How many times do you void during the night after going to bed?	_____	
Have you wet the bed in the past year?	()	()
Do you develop an urgent need to urinate when you are nervous, under stress, or in a hurry?	_____	
Do you ever leak during or after sexual intercourse?	()	()
Do you find it necessary to wear a pad because of your leaking?	()	()
How often do you leak?	_____	
Have you had bladder, urine, or kidney infections	()	()
Are you troubled by pain or discomfort when you urinate?	()	()
Have you ever had blood in your urine?	()	()
Do you find it hard to begin urinating?	()	()
Do you have a slow urinary stream?	()	()

Do you have to strain to pass your urine? () ()

YES NO

After you urinate, do you have dribbling or a feeling that your bladder is still full? () ()

Are you on medications? () ()

If yes, what? _____

Do you have any medical problems, other than your urinary problems? () ()

If yes, what? _____

Have you had surgery of a female nature in the past? () ()

If yes, what? _____

Do you smoke, or did you in the past, or do you have any other lung diseases? () ()

Do you have any problems with your bowels, such as Constipation or diarrhea? () ()

If yes, what? _____