Urinary Tract Review of Systems

Please answer the questions to the best of your ability

[ ] circle what bothers you the most

1) How many times do you get up at night to urinate? _____
2) How many times do you urinate during the day? _____
3) When you feel like you have to go, do you have to get to a bathroom right away? ___
4) How often do you lose urine (have an accident) before you get to a bathroom? _____
   Why? __________
5) Do you lose urine when you cough, climb stairs, laugh, lift something heavy or standup? ______
6) How many pads (or underwear changes) do you wear per day? ____ What type? ____
7) When you get to a bathroom, do you have to (please circle) strain, push or wait for the stream to start? _____
8) Is the stream weaker than it used to be? _____
9) Does it flow continuously? _____ Or does it start and stop? _____
10) Does the stream stop when you are done? _____ Or does it dribble? _____
11) Do you feel as though you have emptied your bladder? _____
12) Do you feel as though you have to go again in a few minutes to 1/2 hour? _____
13) Does your urine burn? _____
14) Have you ever seen blood on urination? _____ If yes, when? _____
15) Is there pain in your bladder or urinary areas before, during or after urination? _____
16) Have you seen blood after sex/ejaculation? ______
17) Do you ever wet the bed when asleep? _____
18) How often do you have a B.M. (bowel movement, move your stools, "poop")
19) If you have been using a new exercise program or medicine for bladder control, are you better than before? ______