gyn health

Fachärztinnen für Gynäkologie und Geburtshilfe, FMH

Bladder weakness questionnaire

Dear patient,

In order to better prepare myself for our interview, please fill in the following questions:

First name, last name .....

Date of birth... .....

Address .....

Email address ..... Phone.....

Weight..... Size.....

Date .....

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1. What are the complaints?

.....
.....
.....

2. Since when?

.....
.....
.....

3. What bothers you the most?

.....
.....
.....

4. Have you already received medical treatment for this reason?

.....
.....
.....

5. What measures have been taken so far to alleviate or remedy your symptoms?
(e.g. medication, biofeedback, single-use catheterization, physiotherapy)

.....
.....
.....

6. What diseases do you have?

.....
.....
.....

7. Have you had abdominal or abdominal surgery?

☐ Yes ☐ No

If yes, which?

.....

.....

When?.....

8. Did you give birth to children

☐ Yes ☐ No

If the answer is “yes”, how many are needed?.....

by caesarean section?

☐ Yes ☐ No

9. Have you had sexual intercourse in the past 12 months?

☐ Yes ☐ No

And did you have any urine leakage?

☐ Yes ☐ No

10. Have you had urinary tract infections in the past few months?

☐ No ☐ Yes which?.....

If so, then how often? .....

11. Did you have a fever while doing this?

☐ Yes ☐ No

12. Is it possible for you to completely empty your bladder?

☐ Yes ☐ No

13. Do you have to push while urinating?

☐ Yes ☐ No

14. Why do you usually urinate?

☐ Urination to urinate ☐ habit

☐ Prevention

15. How often do you go to the toilet during the day? .....

16. In what situations do you lose urine.

☐ to cough ☐ Sneeze ☐ Laugh

☐ Leap ☐ Walk ☐ To run

☐ Lifting of loads ☐ Stand ☐ To sit

☐ Lie ☐ Climb stairs

17. Do you also lose urine without noticing it right away?

☐ Yes ☐ No

18. Do you have to go to the toilet immediately if you feel an urge to urinate?

☐ Yes immediately ☐ as quickly as possible (within 10 min)

☐ I often don't get to the toilet in time ☐ I can wait longer

19. Do you sometimes have to urinate and still only get a small amount?

☐ Yes ☐ No

20. Do you wake up at night because you feel the urge to urinate?

☐ Yes ☐ No

21. Do you lose urine while you sleep?

☐ Yes ☐ No

If so, do you have to go to the toilet?

☐ No ☐ Yes

If so, then how often? .....

22. Do you feel a burning sensation when urinating?

☐ Yes ☐ No

23. Are there any other abnormalities that you have observed?

.....

.....

24. Do you use templates?

☐ Yes ☐ No

If so, how many per day? .....

What size or suction strength?.....

25. Do you have regular bowel movements?

☐ No ☐ Yes

26. Are you constipated?

☐ No ☐ Yes

27. Can you hold the winch?

☐ No ☐ Yes

28. Can you hold bowel movements?

☐ No ☐ Yes

29. How much do you drink roughly per day? approx. .....Litres

What do you usually drink?

☐ Mineral water ☐ coffee ☐ tea

☐ Other .....