

# GENESIS OB/GYN, INC.

## UROLOGIC QUESTIONNAIRE

### GROUP 1

Circle One

1. Have you had treatment for urinary disease, such as stones, kidney disease, infections, tumors, or injuries? YES NO
2. Have you had repeated bouts of pyelitis? YES NO
3. Is your urine ever bloody? YES NO
4. Is the volume of urine you usually pass large, average, small, or very small? YES NO
5. When you lose your urine accidentally, are you ever unaware that it is passing? YES NO
6. Do you have a severe sense of urgency before you lose your urine? YES NO
7. Do you lose urine as a constant drip from the vagina? YES NO
8. Did you have difficulty holding urine as a child? YES NO
9. Is it usually painful or difficult to pass your urine? YES NO

### GROUP 2

1. Did you wet the bed as a child? YES NO
2. Do you wet the bed now? YES NO
3. Have you ever had paralysis, polio, multiple sclerosis, a serious injury to your back, a cyst or tumor on your spine, tuberculosis, a stroke, syphilis, diabetes, or pernicious anemia? YES NO
4. Does the sound, sight, or feel of running water cause you to lose urine? YES NO
5. Is your loss of urine a continual drip, so that you are constantly wet? YES NO
6. Are you ever unaware that you are losing, or are about to lose, control of your urine? YES NO
7. Is your clothing slightly damp, wet, or soaking wet, or do you leave puddles on the floor? YES NO
8. Have you had an operation on your spine, brain, or bladder? YES NO
9. Do you find it necessary to have your urine removed frequently by means of a catheter because you are unable to pass it? YES NO

### GROUP 3

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| 1. Do you lose urine by spurts during coughing sneezing, laughing or lifting?   | YES NO |
| 2. Do you lose urine when you are lying down?   | YES NO |
| 3. Do you lose urine when you are sitting or standing erect?  | YES NO |
| 4. When you are urinating, can you usually stop the flow?   | YES NO |
| 5. Did your urine difficulty start after delivery of an infant?   | YES NO |
| 6. Did it follow an operation?  | YES NO |
| 7. Check the type of operation:<br>-Hysterectomy, abdominal incision<br>-Hysterectomy, removed through the vagina<br>-Removal of a tumor, abdominal incision<br>-Vaginal repair<br>-Suspension of the uterus<br>-Cesarean birth |        |
| 8. If your menstrual periods have stopped, did the menopause make your condition more severe?   | YES NO |
| 9. Is your control of urine good unless you cough, sneeze, laugh, lift or strain?   | YES NO |
| 10. Do you have difficulty holding urine if you suddenly stand erect from a sitting or lying position?  | YES NO |
| 11. Do you find it necessary to wear protection because you get wet?  | YES NO |