

Voiding Questionnaire

Today's Date _____

Patient's Name _____ Date of Birth _____

Please complete the following questionnaire to the best of your ability, by marking the appropriate corresponding box. Bring this form with you to your appointment:

1. How many times does the patient void per day?

- 0 - 2
 3 - 4
 5 - 6
 7 - 8
 More Than 8

2. How often is this associated with urgency?

- Never
 Occasionally
 Frequently

3. do you see posturing such as squatting, holding oneself, crossing legs, or the "pee-pee" dance to avoid wetting?

- Never
 Occasionally
 Frequently

4. Does it hurt to void?

- Never
 Occasionally
 Frequently

5. How often is the patient wet during the day?

- Never
 1 - 2 times per MONTH
 2 - 3 times per WEEK
 Daily
 Unsure

6. When the patient is wet, how would you describe it?

- Hardly Wet
 Damp
 Soaked

7. How often is the patient wet at night?

- Never
 1 - 2 times per MONTH
 2 - 3 times per WEEK
 Daily
 Unsure

8. How often does the patient wake at night to urinate?

- Never
 Occasionally
 Frequently

9. How many urinary tract infections (UTI's) has the patient had during the past year?

- None
 1 - 3
 4 - 6
 More Than 6

10. When the patient's urine was collected to be tested, how was it obtained?

- Bag
 Voided
 Clean Catch, Mid-Stream
 Catheterization

PLEASE COMPLETE BOTH PAGES OF THIS FORM

11. When symptoms were associated with the Uti's?

PLEASE MARK ALL THAT APPLY.

- Fever
- Flank Pain
- Vomiting
- Pain & Urinating
- Foul Odor

12. How often does the patient have a bowel movement?

- More than 1 time per DAY
- 1 time per DAY
- Every other DAY
- Every 2 - 3 DAYS
- 1 time per WEEK

13. How often is the stool hard or difficult to pass?

- Never
- Occasionally
- Frequently

14. How often is the patient incontinent of stool?

- Never
- Occasionally
- Frequently

15. Which of the following does the patient routinely eat or drink?

PLEASE MARK ALL THAT APPLY.

- Soft Drinks
- Chocolate
- Lemonade
- Coffee
- Orange Juice

Patient Notes (TO BE COMPLETED BY THE PHYSICIAN OR NURSE PRACTITIONER)

Physician's / Nurse Practitioner's Signature