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FEMALE UROLOGY QUESTIONNAIRE

Circle Yes or No

Leaking with cough, laugh, or exercise (stress incontinence)? Y N

Leaking with urgency (can’t get to toilet in time/leak with running water) Y N

Which is worse? (circle one) Stress leaks Urge leaks They are both equally bothersome

How many pads in 24 hours? None, 1, 2, 3, 4, 5, 6, 7+ type _____

Do you have any fecal/stool leakage? Y N

How many urinations per day? <4, 5 - 8, 9 - 12, 12+

How many times do you get up at night to urinate? _____

How many cups of caffeinated beverages per day? _____ cups/day

Any Pain with urination Y N

Any other bladder issues or pain in Pelvis to describe? _____

Any pushing or straining to urinate? Y N

Have to push on vaginal bulge to start or complete urination Y N

Bulge or something you see or feel falling out of the vaginal area Y N

Have to push on the vagina or around the rectum to have or complete a bowel movement Y N

Any prior surgeries of the pelvis, bladder or uterus? _____

Have you seen a Pelvic Floor Physical Therapist? Whom? _____

Please turn over, continued on other side

What medications OR SURGERIES have you tried to address your bladder symptoms? Did they work?

SEXUAL WELLNESS – only fill out if it applies to you

Are you sexually active?

Yes ----- What are your goals for improvement? _____

No ----- If you wish to be what are your barriers for improvement? _____

Lubrications used _____

Vaginal Estrogen/Testosterone/DHEA/lasers used: _____

Physical Therapists AND Sex therapists seen for this condition: _____

Low desire: What factors are contributing to your decrease in desire? Please explain

Medical condition: _____

Medication Side effects: _____

Pregnancy, childbirth, breastfeeding, menopause: _____

PAIN: _____

Your Partner sexual problems or your relationship: _____

Stress or Fatigue: _____