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## EVALUATION OF INCONTINENCE

	YES	NO
Do you leak urine when you cough, sneeze, or laugh?	( )	( )
Do you ever have such an uncomfortably strong need to urinate that if you don't reach the toilet you will leak?	( )	( )
If yes to the above, do you ever leak before you reach the toilet?	( )	( )
How many times during the day do you urinate?	_____	
How many times do you void during the night after going to bed?	_____	
Have you wet the bed in the past year?	( )	( )
Do you develop an urgent need to urinate when you are nervous, under stress, or in a hurry?	_____	
Do you ever leak during or after sexual intercourse?	( )	( )
Do you find it necessary to wear a pad because of your leaking?	( )	( )
How often do you leak?	_____	
Have you had bladder, urine, or kidney infections	( )	( )
Are you troubled by pain or discomfort when you urinate?	( )	( )
Have you ever had blood in your urine?	( )	( )
Do you find it hard to begin urinating?	( )	( )
Do you have a slow urinary stream?	( )	( )

Do you have to strain to pass your urine? ( ) ( )

YES NO

After you urinate, do you have dribbling or a feeling that your bladder is still full? ( ) ( )

Are you on medications? ( ) ( )

If yes, what?\_\_\_\_\_

Do you have any medical problems, other than your urinary problems? ( ) ( )

If yes, what?\_\_\_\_\_

Have you had surgery of a female nature in the past? ( ) ( )

If yes, what?\_\_\_\_\_

Do you smoke, or did you in the past, or do you have any other lung diseases? ( ) ( )

Do you have any problems with your bowels, such as Constipation or diarrhea? ( ) ( )

If yes, what?\_\_\_\_\_

