Professor Helen O'Connell AO

Urological Surgeon
MD MMED MBBS FRACS (Urol) FAICD

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Review appointment



Further treatment

BOTOX OUTCOME REVIEW QUESTIONNAIRE

meInjection		No	Date_	/		
Please complete this questionnaire at: <u>4 weeks</u> by post or email. Prof O'Connell will assess your						
Do you experience, and if so, how much are yo by:	u bothered	Not at al	A littl	e N	1oderate 2	Greatly 3
Frequency urination						
Leakage related to feeling of urgency	,					
Leakage related to activity, coughing or sno	eezing					
Small amounts of leakage (drops)						
Difficulty emptying bladder						
Pain or discomfort in lower abdominal or gen	ital area					
Get recurrent bacterial infections which respond antibiotics, but recur regularly	reliably to					
Has urine leakage and /or prolapse affected your:		Not at al	A littl	e M	1oderate 2	Greatly 3
Ability to do household chores (cooking, cleaning, laundry)						
Physical recreation such as walking, swimming exercise	g or other					
Entertainment (movies, concerts etc)						
Ability to travel by car or bus for more than 30 m	inutes from					
Participation in social activities outside of home						
Emotional health (nervousness, depression	n etc)					
Feeling frustrated						
Are you any better since having Botox?	/ES 🔾	N	10 (T T		
0 1 2 3	4 5	6	7 8	9	10	
worse no differ	ent	improver	nent		cured	
Follow up recommendations						

Phone call from rooms

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Voiding Chart TIME **VOLUME LEAK** Voided mLs S/M/H/F 450ml e.g. 7.00am Μ DAY 2 DATE: Please measure and record the amount each time These DO NOT have to be consecutive. It is recommended you purchase a 500ml plastic

TIME	VOLUME	LEAK S/M/H/F		
	Voided mLs			
e.g. 7.00am	450ml	M		
	DATE: /	/		

voluing chart
Stress Urinary Incontinence
Name
Date commenced

This chart is designed to record your urine output.

you void over a 24 hour period.

jug for measure your urine output.

TIME	VOLUME	LEAK	
	Voided mLs	S – Slight	
		M – Moderate	
		H – Heavy	
		F – Flood	
e.g. 7.00am	450ml	M	
DAY 1	DATE: /	/	