

Professor Helen O'Connell AO

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BOTOX OUTCOME REVIEW QUESTIONNAIRE

Name _____ Injection No. _____ Date _____ / _____ / _____

Please complete this questionnaire at: **4 weeks / 3 months / 6 months** following your Botox injection and return by post or email. Prof O'Connell will assess your progress and you will be notified of any further recommendations.

Do you experience, and if so, how much are you bothered by:	Not at all 0	A little 1	Moderate 2	Greatly 3
Frequency urination				
Leakage related to feeling of urgency				
Leakage related to activity, coughing or sneezing				
Small amounts of leakage (drops)				
Difficulty emptying bladder				
Pain or discomfort in lower abdominal or genital area				
Get recurrent bacterial infections which respond reliably to antibiotics, but recur regularly				
Has urine leakage and /or prolapse affected your:	Not at all 0	A little 1	Moderate 2	Greatly 3
Ability to do household chores (cooking, cleaning, laundry)				
Physical recreation such as walking, swimming or other exercise				
Entertainment (movies, concerts etc)				
Ability to travel by car or bus for more than 30 minutes from home				
Participation in social activities outside of home				
Emotional health (nervousness, depression etc)				
Feeling frustrated				

Are you any better since having Botox? YES NO

0 1 2 3 4 5 6 7 8 9 10

worse no different improvement cured

Follow up recommendations

Review appointment

Phone call from rooms

Further treatment

