

Professor Helen O'Connell AO

Urological Surgeon
MD MMed MBBS FRACS (Urol) FAICD



P: 03 9347 9911
F: 03 9347 5960
E: reception@oconnellurology.com.au
W: oconnellurology.com.au

Suite 4.4, Level 4
Epworth Freemasons
124 Grey Street
East Melbourne VIC 3002

BULKAMID OUTCOME REVIEW QUESTIONNAIRE

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

Please complete this questionnaire 4 weeks following your Bulkamid injection and return by post or email. Prof O'Connell's practice nurse, Dawn, will assess your progress and you will be notified of any further recommendations.

1. Do you have any urinary leakage? YES NO

2. Do you leak with any of the following? YES NO
 - Lifting a weight YES NO
 - Blowing your nose YES NO
 - Sneezing YES NO
 - Coughing YES NO
 - Vigorous coughing YES NO
 - Laughing YES NO
 - Walking YES NO
 - Standing up YES NO
 - With any other exertion YES NOSpecify _____

3. Are you using any pads? YES NO

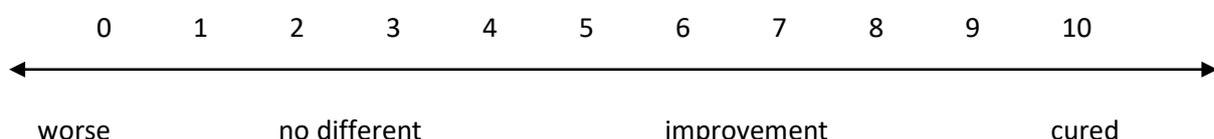
4. Are you leaking at night? YES NO

5. How often are you getting up at night to pass urine?
None 1-2 times 3-4 times More often

6. Do you get urinary urgency? i.e. do you have to rush to the toilet? YES NO

7. Does leakage with urgency occur?
No Occasionally More than one episode per week
More than one episode per day Less than one episode per week

8. Are you any better since having Bulkamid? YES NO



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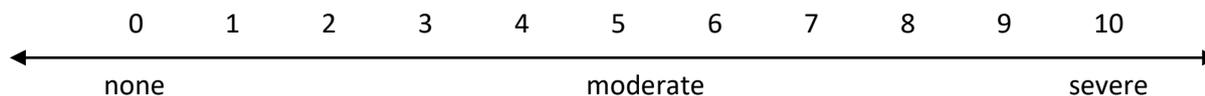
9.

Do you experience, and if so, how much are you bothered by:	Not at all 0	A little 1	Moderate 2	Greatly 3
Frequent urination				
Leakage related to feelings of urgency				
Leakage related to physical activity				
Small amounts of leakage (drops)				
Difficulty emptying your bladder				
Pain or discomfort in lower abdominal or genital area				

10. Do you have any other comments?

11. Would you recommend this treatment to a friend? YES NO

12. Please indicate the level of pain, if any, you experienced with the procedure.



13. Please advise below if you would like to receive a phone call about your results or any other questions
