

Professor Helen O'Connell AO

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Name _____ Dear Madam / Sir, in writing, please briefly outline your urologic problem:

1. Of the following problems, what bothers you the most: (please tick most applicable to your situation)

	Not at all 0	A little bit 1	Moderate 2	Greatly 3
Urinate often during the day				
Leak preceded by a strong urge to pass urine				
Leak urine especially with exertion				
Small amount of urine leakage (drops)				
I have difficulty emptying my bladder				
Have the feeling of cystitis with discomfort before urinating				
Urinate often at night				
Get recurrent bacterial infections which respond reliably to antibiotics but recur regularly				
I wear a lot of pads to keep my clothes dry				

2. Has urine leakage and / or prolapse affected your: (please tick most applicable to your situation)

	Not at all 0	A little bit 1	Moderate 2	Greatly 3
Ability to do household chores (cooking, cleaning, laundry)?				
Physical recreation such as walking, swimming or other exercise?				
Entertainment activities (movies, concerts, etc.)?				
Ability to travel by car or bus more than 30 minutes from home?				
Participation in social activities outside your home?				
Emotional health (nervousness, depression, etc.)?				
Feeling frustrated?				
I have trouble standing for extended periods of time				