REHABILITATION ASSOCIATES, INC.

PELVIC FLOOR
INCONTINENCE HISTORY

1. How long have you had a problem with urinary leakage?

    __ 1 week to 3 months
    __ 3 to 12 months
    __ 1 to 5 years
    __ 5 to 10 years
    __ More than 10 years
    __ After surgery Type:_____

2. Did the urine leakage:
    ___ Begin Suddenly   ___ Develop Gradually Over Time

3. How often do you lose urine/water during a typical week?

    ___Less than once a week
    ___ Once a week
    ___ More than once a week
    ___ Once a day
    ___ More than once a day

4. When does the leakage occur?

    ___ Mainly during the day
    ___ Mainly at night
    ___ Both day and night

5. When you leak/lose, how much do you leak?

    ___ Damp/a few drops
    ___ Wet enough to wet underpants
    ___Quite wet, a cupful(soak pads/other Protection)

6. When your bladder feels full, how long can urinary leakage(incontinence)?

    ___ Less than a minute or two
    ___ Just a few minutes
    ___ More than a few minutes

7. Do you experience urinary leakage during any of the following?

__Coughing	__Nervousness
__Sneezing	__Rushing
__Laughing	__Running Water
__Lifting heavy objects	__Cold weather
__ Active exercise	__Continual leakage
__Changing position	__Dribbling after urination
__ Walking	__When sleeping
__On the way to the bathroom	__Without being aware
__"Key in door"-when trying to open door	__Other

8. Do you have strong urinary urges you cannot always control?

    __Yes   __No, never

9. Do you have trouble getting to the toilet on time?

    __Yes   __No, never

10. How often do you urinate during the day?

    __More often than every hour
    __About every 1 to 2 hours
    __About every 3 to5 hours
    __Frequency varies
    __Unknown

11. Do you wake up at night to urinate?

    __ Never or rarely
    __ About one to two times
    __ Three or more times