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BLADDER SATISFACTION SURVEY

Name _____ Phone # _____

Doctor _____

Which symptoms best describe you?

- Frequent Urination – Day, Night or Both Leaking with Sneezing, Coughing, Exercising
Sudden or Strong Urge to urinate Leaking with Urge or No Warning
(Unable to make it to the bathroom in time)
Unable to Empty Bladder Bladder or Pelvic Pain

How long have you had these symptoms? _____

Have you tried medications to help your symptoms? Yes No

If yes, check the medications you have tried:

- Detrol® LA Ditropan XL® Flomax® Cardura®
Oxytrol Patch® Enablex® VESIcare® DDVAP®
Sanctura® Elavil® Elmiron® Other _____

Did these medications help your symptoms? Circle #

0	1	2	3	4	5	6	7	8	9	10
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No Relief

Completely Cured

If you've stopped taking your meds explain why:

- Did not help Side effects Too expensive

Describe Side Effects _____

Behavior Modifications Tried _____

(i.e., caffeine intake, lifestyle changes, bladder training, pelvic floor muscle training)

What is your level of frustration with your bladder symptoms? Circle #

0	1	2	3	4	5	6	7	8	9	10
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Not Frustrated

Very Frustrated

Do you currently have any problems with bowel function?:

- Fecal Incontinence Constipation Other

I am interested in learning more about treatment alternatives to medications:

- Yes No