

Continence Center of America

Bladder History

Name: \_\_\_\_\_ Date: \_\_\_\_\_

How often do you empty your bladder during the day?

Every: \_\_\_30min \_\_\_1hour \_\_\_2hour \_\_\_3hour \_\_\_4hour or more.

How many times do you get up to urinate at night? \_\_\_\_\_times.

Do you ever leak urine? \_\_\_Yes \_\_\_No

How often do you leak urine? \_\_\_Everyday \_\_\_2-3 times a week \_\_\_Rarely

Do you leak urine with coughing or laughing? \_\_\_Yes \_\_\_No

Do you leak urine with physical activity? \_\_\_Yes \_\_\_No

Do you leak urine on the way to the toilet? \_\_\_Yes \_\_\_No

Do you lose urine during sleep? \_\_\_Yes \_\_\_No

Do you lose urine during sexual intercourse? \_\_\_Yes \_\_\_No

Do you ever have trouble emptying your bladder? \_\_\_Yes \_\_\_No

Do you have to strain to urinate? \_\_\_Yes \_\_\_No

Do you dribble after emptying your bladder? \_\_\_Yes \_\_\_No

Have you noticed something falling from the vaginal area? \_\_\_Yes \_\_\_No

If yes, for how long? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_