



13. How has your lifestyle/quality of life been altered because of this problem? (Mark an 'X' on the line for all that applies.)

- Social activities (Exclude physical activities), specify _____
 Diet, specify _____
 Physical activity, specify _____
 Work, specify _____

Bladder Pre-Treatment Questionnaire

(Complete questions 14-19 only if you have bladder or both checked in question 8)

14. When did your first episode of bladder problems begin? (Please complete only one)

- After childbirth
 After prostatectomy
 After other surgery, specify type _____
 Other, specify _____

15. How long ago did you have your first bladder problem episode? (One drop of urine is an incontinent episode)

_____ Years _____ Months

16. On average, how much urine do you leak? (Please complete only one)

- Just a few drops
 Wets underwear
 Wets outerwear
 Wets the floor
 No leakage

17. Check all activities that cause leakage (even one drop).

- With cough/sneeze/yell/laugh
 Prior to your menstrual cycle (women)
 Vigorous activity or exercise (example – running, weight lifting, jogging, aerobics, jumping)
 Light activity (example – walking, light housework)
 Changing positions (example – sit to stand)
 Walking to the toilet
 Strong urge to urinate
 Sexual activity
 Other, please list _____

18. When the body signals it is time to urinate, there is a normal 'urge' to go. Do you have this normal 'urge' to urinate?

- Yes
 No
 Don't know
 Sometimes

19. When you have a normal 'urge' to urinate, how long can you delay before you have to go to the toilet?

_____ Minutes

_____ Unable to delay at all



Bowel Pre – Treatment Questionnaire
(Complete question 20- 25 only if you have bowel or both checked in question 8)

20. When did your first episode of bowel problems begin? (Please complete only one)

- After childbirth
 After prostatectomy
 After other surgery, specify type _____
 Other, specify _____

21. How long ago did you have your first bowel problem episode? (One drop of urine is an incontinent episode)

_____ Years _____ Months

22. On average, how much feces/stool do you lose? (Please complete only one)

- Fecal stain
 Small amount of feces/stool in underwear
 Complete emptying
 No fecal/stool loss
 Other

23. Check all activities that cause fecal/stool loss.

- With cough/sneeze/yell/laugh
 Prior to your menstrual cycle (women)
 Vigorous activity or exercise (example – running, weight lifting, jogging, aerobics, jumping)
 Light activity (example – walking, light housework)
 Changing positions (example – sit to stand)
 Walking to the toilet
 Strong urge to urinate
 Sexual activity
 Other, please list _____

24. When the body signals it is time to defecate or have a bowel movement, there is a normal ‘urge’ to go. Do you have this normal ‘urge’ to defecate?

- Yes
 No
 Don't know
 Sometimes

25. When you have a normal ‘urge’ to defecate, how long can you delay before you have to go to the toilet?

- _____ Minutes
 Unable to delay at all

Thank you for filling out this questionnaire!