



MY MEDICAL HISTORY: ISSUES RELATED TO URINARY INCONTINENCE

Before going to see your doctor, answer the questions below. Check off the statements that apply to you. Fill in dates and other information. Show this sheet to your doctor at your next visit.

1) I take these prescription medicines:

2) I take these over-the-counter drugs (such as Tylenol, aspirin, or Maalox):

3) I started having bladder trouble:

- Recently
- 1 to 2 years ago
- More than 2 years ago. How many? _____

4) Number of babies I have had: _____

Date(s): _____

5) My periods have stopped (menopause).

- Yes No

Date _____

6) I have recently had a surgical procedure.

- Yes No

Date _____

7) I recently hurt myself or have been sick.

- Yes No

Type of injury or illness: _____

Date: _____

8) I recently had a bladder (urinary tract) infection.

Yes No

Date _____

9) I am often constipated.

Yes No

10) I have pain or burning feelings when going to the toilet.

Yes No

11) I often have a really strong urge to go to the toilet right away.

Yes No

12) Sometimes my bladder feels full, even after I go to the toilet.

Yes No

13) I go to the toilet often, but very little urine comes out.

Yes No

14) I don't go out with friends or family because I worry about leaking urine.

Yes No

15) The first thing I do at new places is check the bathroom location.

Yes No

16) I worry about being put in a nursing home because of bladder control. problems

Yes No

17) I have (or had) these medical problems (check all that apply):

- Cancer
- Crippling arthritis
- Depression
- Interstitial cystitis
- Spinal cord injury
- Urinary infection
- I smoke cigarettes
- Constipation
- Diabetes
- Diverticulitis
- Multiple sclerosis
- Stroke

Adapted from: National Kidney and Urologic Diseases Information Clearinghouse, "Talking to Your Health Care Team About Bladder Control." NIH Publication No. 97-4190. January 1997.

Visit www.gynecare.com to learn more about urinary incontinence in women and the options available to you.