

Bladder Health Assessment

Answer the bladder health questions by checking the boxes and filling in your information.

1) If you have had prostate cancer, how long ago did you complete your treatment?	_____ Years _____ Months
2) What prostate cancer treatment did you receive?	<input type="checkbox"/> Radical prostatectomy <input type="checkbox"/> Radiation therapy <input type="checkbox"/> Combination therapy (i.e. Radiation and surgery) <input type="checkbox"/> Medication <input type="checkbox"/> Other
3) Do you experience urine leakage? If Yes, proceed to the next question. If no, disregard this assessment.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4) How often do you leak urine?	Never _____ 0 About once a day _____ 1 About once a week or less _____ 2 Two or three times a week _____ 3 Several times a day _____ 4 All the time _____ 5
5) How much urine do you <i>think</i> usually leaks (whether protection is worn or not)?	None _____ 0 A small amount _____ 2 A moderate amount _____ 4 A large amount _____ 6
6) Overall, how much does leaking urine interfere with your everyday life?	Not at all _____ A great deal _____ 0 1 2 3 4 5 6 7 8 9 10
7) When do you leak urine? (select all that apply)	<input type="checkbox"/> Never <input type="checkbox"/> Leaks before I can get to the toilet <input type="checkbox"/> Leaks when I cough or sneeze <input type="checkbox"/> Leaks when I am sleeping <input type="checkbox"/> Leaks when I have finished urinating and am dressed <input type="checkbox"/> Leaks for no obvious reason <input type="checkbox"/> Leaks all the time
8) What solutions have you tried to cope with your bladder leakage? (select all that apply)	<input type="checkbox"/> Lifestyle modifications (decrease liquid consumption, diet changes) <input type="checkbox"/> Bladder muscle exercise regime (Kegels) <input type="checkbox"/> Pads or diapers <input type="checkbox"/> Urinary catheter <input type="checkbox"/> Other
9) How would you feel if you were to spend the rest of your life with your current urinary condition the way it is now?	<input type="checkbox"/> Delighted <input type="checkbox"/> Pleased <input type="checkbox"/> Undecided, don't know <input type="checkbox"/> Unhappy <input type="checkbox"/> Terrible
Bladder Leakage Score (add the corresponding numbers from questions 4, 5 and 6)	

If you are interested in discussing your assessment results and learning about durable treatment options, call [XXX-XXXX] to make an appointment [with Dr(s). X]. Please bring your assessment to your appointment.