

J. Kyle Mathews M.D.



Name: _____
Date: _____

Bladder Survey:

	0	1	2	3	4
1. How many times do you go to the bathroom during the day?	3-6	7-10	11-14	15-19	20+
2. How many times do you go to the bathroom at night?	0	1	2	3	4+
3. If you get up at night to go to the bathroom, does it disturb your sleep?	Never	Mildly	Moderate	Severe	
4. Are you currently sexually active YES____ NO____					
5. If you are sexually active, do you now or have you ever had pain or symptoms during or after sexual intercourse?	Never	Occasionally	Usually	Always	
6. If you have pain, does it make you avoid sexual intercourse?	Never	Occasionally	Usually	Always	
7. Do you have pain associated with your bladder or in your pelvis (vagina, lower abdomen, urethra or perineum)?	Never	Occasionally	Usually	Always	
If you do not have pain, skip question 8.					
8. If you have pain, is it usually..... Does your pain bother you....	Mild Never	Moderate Occasionally	Severe Usually	Always	
9. Do you still feel you have to urinate (urgency) after using the bathroom? If you do not, skip the final questions	Never	Occasionally	Usually	Always	
10. If you have urgency, is it usually.... Does your urgency bother you?	Mild Never	Moderate Occasionally	Severe Usually	Always	

Nurse will score: TOTAL _____

Heavy periods:

Do you have heavy periods that are disruptive to your life? If yes, ask your nurse for more information on the Novasure procedure. This is not for anyone planning to have more children.

YES _____ NO _____

Sterilization:

Do you desire permanent sterilization? If yes, ask your nurse for more information on the Essure procedure. This is not for anyone planning to have more children.

YES _____ NO _____