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**BLADDER SATISFACTION SURVEY**

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Doctor \_\_\_\_\_

**Which symptoms best describe you?**

- Frequent Urination – Day, Night or Both Leaking with Sneezing, Coughing, Exercising
- Sudden or Strong Urge to urinate Leaking with Urge or No Warning  
(Unable to make it to the bathroom in time)
- Unable to Empty Bladder Bladder or Pelvic Pain

**How long have you had these symptoms?** \_\_\_\_\_

**Have you tried medications to help your symptoms?** Yes No

**If yes, check the medications you have tried:**

- Detrol® LA Ditropan XL® Flomax® Cardura®
- Oxytrol Patch® Enablex® VESIcare® DDVAP®
- Sanctura® Elavil® Elmiron® Other \_\_\_\_\_

**Did these medications help your symptoms? Circle #**

0	1	2	3	4	5	6	7	8	9	10
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*No Relief*

*Completely Cured*

**If you've stopped taking your meds explain why:**

- Did not help Side effects Too expensive

**Describe Side Effects** \_\_\_\_\_

**Behavior Modifications Tried** \_\_\_\_\_

(i.e., caffeine intake, lifestyle changes, bladder training, pelvic floor muscle training)

**What is your level of frustration with your bladder symptoms? Circle #**

0	1	2	3	4	5	6	7	8	9	10
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**Not Frustrated**

**Very Frustrated**

**Do you currently have any problems with bowel function?:**

- Fecal Incontinence Constipation Other

**I am interested in learning more about treatment alternatives to medications:**

- Yes No