

Frequency Volume Chart (Bladder Diary)

This chart is designed to give an idea about your fluid intake, urine (water) output and leakage of urine (water). This will help in making the diagnosis of the condition(s) your bladder (waterworks). Filling it accurately is tedious but is very valuable.

The chart runs over 3 days and is designed to cover both day and night time. Please indicate the time when you go to bed each day on the chart. There are squares for time, fluid intake, urine (water) output and leakage episodes.

Fluid Intake:

Whenever you have a drink, please record the time, type and amount (in mls if possible) under the column headed "**Intake**".

Mug = 200ml (please measure your mug to confirm this if possible)

Cup = 150ml (please measure your cup to confirm this if possible)

Urine Output:

When you go to the toilet, please measure the urine (water) you pass in a small measuring jug and enter the time and amount (in mls if possible) under the column headed "**Output**".

Leak:

Every time you experience urine (water) leakage, please document the amount (small, moderate or large) under the column headed "**Leak**".

An example is shown below.

Day 1				
Time	Fluid	Amount	Urine Amount	Leak
04:30			450	
Woke up 07:00	Tea	300ml	450	
09:00				Small
Bed				

Please mark when you go to bed each night under the time column.

Please remember to bring the chart with you to the clinic.

Initial number

ICIQ-UI Short Form

CONFIDENTIAL

DAY MONTH YEAR

Today's date

Many people leak urine some of the time. We are trying to find out how many people leak urine, and how much this bothers them. We would be grateful if you could answer the following questions, thinking about how you have been, on average, over the PAST FOUR WEEKS.

1 Please write in your date of birth:

DAY MONTH YEAR

2 Are you (tick one):

Female Male

3 How often do you leak urine? (Tick one box)

- never 0
- about once a week or less often 1
- two or three times a week 2
- about once a day 3
- several times a day 4
- all the time 5

4 We would like to know how much urine you think leaks.

How much urine do you usually leak (whether you wear protection or not)?
(Tick one box)

- none 0
- a small amount 2
- a moderate amount 4
- a large amount 6

5 Overall, how much does leaking urine interfere with your everyday life?

Please ring a number between 0 (not at all) and 10 (a great deal)

0 1 2 3 4 5 6 7 8 9 10
not at all a great deal

ICIQ score: sum scores 3+4+5

6 When does urine leak? (Please tick all that apply to you)

- never – urine does not leak
- leaks before you can get to the toilet
- leaks when you cough or sneeze
- leaks when you are asleep
- leaks when you are physically active/exercising
- leaks when you have finished urinating and are dressed
- leaks for no obvious reason
- leaks all the time

Thank you very much for answering these questions.

ICIQ-VS 10/05

Initial number

CONFIDENTIAL

VAGINAL SYMPTOMS QUESTIONNAIRE

Many people experience vaginal symptoms some of the time. We are trying to find out how many people experience vaginal symptoms, and how much they bother them. We would be grateful if you could answer the following questions, thinking about how you have been, on average, over the PAST FOUR WEEKS.

Please write in today's date:

<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
DAY	MONTH	YEAR

Please write in your date of birth:

<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
DAY	MONTH	YEAR

Vaginal symptoms

1a. Are you aware of dragging pain in your lower abdomen?

- never 0
occasionally 1
sometimes 2
most of the time 3
all of the time 4

1b. How much does this bother you?*Please ring a number between 0 (not at all) and 10 (a great deal)*

0 1 2 3 4 5 6 7 8 9 10
not at all a great deal

2a. Are you aware of soreness in your vagina?

- never 0
occasionally 1
sometimes 2
most of the time 3
all of the time 4

2b. How much does this bother you?*Please ring a number between 0 (not at all) and 10 (a great deal)*

0 1 2 3 4 5 6 7 8 9 10
not at all a great deal

3a. Do you feel that you have reduced sensation or feeling in or around your vagina?

not at all 0
a little 1
somewhat 2
a lot 3

3b. How much does this bother you?
Please ring a number between 0 (not at all) and 10 (a great deal)

0 1 2 3 4 5 6 7 8 9 10
not at all a great deal

Prolapse is a common condition affecting the normal support of the pelvic organs, which results in descent or 'dropping down' of the vaginal walls and/or the pelvic organs themselves. This can include the bladder, the bowel and the womb. Symptoms are usually worse on standing up and straining (e.g. lifting, coughing or exercising) and usually better when lying down and relaxing.

Prolapse may cause a variety of problems. We are trying to find out how many people experience prolapse, and how much this bothers them. We would be grateful if you could answer the following questions, thinking about how you have been, on average, over the PAST FOUR WEEKS.

4a. Do you feel that your vagina is too loose or lax?

not at all 0
a little 1
somewhat 2
a lot 3

4b. How much does this bother you?
Please ring a number between 0 (not at all) and 10 (a great deal)

0 1 2 3 4 5 6 7 8 9 10
not at all a great deal

5a. Are you aware of a lump or bulge coming down in your vagina?

never 0
occasionally 1
sometimes 2
most of the time 3
all of the time 4

5b. How much does this bother you?
Please ring a number between 0 (not at all) and 10 (a great deal)

0 1 2 3 4 5 6 7 8 9 10
not at all a great deal

6a. Do you feel a lump or bulge come out of your vagina, so that you can feel it on the outside or see it on the outside?

- never 0
- occasionally 1
- sometimes 2
- most of the time 3
- all of the time 4

6b. How much does this bother you?

Please ring a number between 0 (not at all) and 10 (a great deal)

0 1 2 3 4 5 6 7 8 9 10
not at all a great deal

7a. Do you feel that your vagina is too dry?

- never 0
- occasionally 1
- sometimes 2
- most of the time 3
- all of the time 4

7b. How much does this bother you?

Please ring a number between 0 (not at all) and 10 (a great deal)

0 1 2 3 4 5 6 7 8 9 10
not at all a great deal

8a. Do you have to insert a finger into your vagina to help empty your bowels?

- never 0
- occasionally 1
- sometimes 2
- most of the time 3
- all of the time 4

8b. How much does this bother you?

Please ring a number between 0 (not at all) and 10 (a great deal)

0 1 2 3 4 5 6 7 8 9 10
not at all a great deal

9a. Do you feel that your vagina is too tight?

- never
- occasionally
- sometimes
- most of the time
- all of the time

9b. How much does this bother you?

Please ring a number between 0 (not at all) and 10 (a great deal)

0 1 2 3 4 5 6 7 8 9 10
not at all a great deal

Sexual matters

We would be grateful if you could answer the following questions, thinking about how you have been, on average, over the PAST FOUR WEEKS.

10. Do you have a sex life at present?

yes 1

no, because of my vaginal symptoms 0

no, because of other reasons 2

If NO, please go to question 14

11a. Do worries about your vagina interfere with your sex life?

not at all 0

a little 1

somewhat 2

a lot 3

11b. How much does this bother you?

Please ring a number between 0 (not at all) and 10 (a great deal)

0 1 2 3 4 5 6 7 8 9 10
not at all a great deal

12a. Do you feel that your relationship with your partner is affected by vaginal symptoms?

not at all 0

a little 1

somewhat 2

a lot 3

12b. How much does this bother you?

Please ring a number between 0 (not at all) and 10 (a great deal)

0 1 2 3 4 5 6 7 8 9 10
not at all a great deal

13. How much do you feel that your sex life has been spoilt by vaginal symptoms?

Please ring a number between 0 (not at all) and 10 (a great deal)

0 1 2 3 4 5 6 7 8 9 10
not at all a great deal

Quality of life

We would be grateful if you could answer the following questions, thinking about how you have been, on average, over the PAST FOUR WEEKS.

14. Overall, how much do vaginal symptoms interfere with your everyday life?

Please ring a number between 0 (not at all) and 10 (a great deal)

0 1 2 3 4 5 6 7 8 9 10
not at all a great deal

Thank you very much for answering these questions.

VAGINAL SYMPTOMS QUESTIONNAIRE

SCORING

(This section is for administrative use only)

Patient number

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Vaginal symptoms score

Vaginal symptom score = 2×(dragging pain) + 2×(soreness in vagina) + (reduced sensation) + 2×(vagina too loose) + 2×(lump felt inside) + 2×(lump seen outside) + 2×(vagina too dry) + (faecal evacuation)

symptom*	score	weighted score
Q1. 'dragging pain'		x 2 =
Q2. 'soreness in vagina'		x 2 =
Q3. 'reduced sensation'		x 1 =
Q4. 'vagina too loose'		x 2 =
Q5. 'lump felt inside'		x 2 =
Q6. 'lump seen outside'		x 2 =
Q7. 'vagina too dry'		x 2 =
Q8. 'faecal evacuation'		x 1 =
Total vaginal symptoms score		

*(Note: Q9, 'vagina too tight', is primarily for detecting a potential post-treatment complication and is therefore not included in the scoring)

Sexual matters score

Sexual matters score = (sex-life spoilt) + 8×(worries about vagina interfere with sex-life) + 8×(relationship affected)

sexual matter	score	weighted score
Q11. 'worries about vagina interfere with sex-life'		x 8 =
Q12. 'relationship affected'		x 8 =
Q13. 'sex life spoilt'		x 1 =
Total sexual matters score		

Quality of life score

quality of life	score
Q14. 'quality of life affected'	

Date :/...../..... **SI / AG / VW** ID sticker

Doctor:

Grade:

Referral source: GP in region / UHSx O&G Cons / Other UHSx Cons / Outside region

1. How old are you? years.

Main complaint:

2. What is the main problem that bothers you?

.....

3. For how long have you had this problem?.....

Urinary symptoms:

4. Do you leak when you cough, sneeze, laugh, move, walk or exercise? Yes / No

5. Do you leak on having sexual intercourse? Yes / No / Not applicable

6. If so, does the leakage happen on penetration Yes / No

7. or on orgasm? Yes / No

8. Do you have to rush to the toilet to pass water? Yes / No

9. Would you wet yourself if you are unable to get to the toilet in time? Yes / No

10. How often do you wet yourself?

11. How long does it take before you need to go to the toilet to pass water again?
.....

12. How often do you wake up by night to pass water?

13. Does it hurt to pass water? Yes / No

14. Do you suffer from recurrent waterworks infections? Yes / No

15. Have you noticed blood in your water? Yes / No

16. Do you have any difficulty passing water? Yes / No

17. Does it take long to start passing water? Yes / No

18. Does it come out in dribbles? Yes / No
19. Do you feel you need to go back to complete emptying shortly after passing water?
 Yes / No
20. Do have occasions when you can not pass urine despite feeling the need to?
 Yes / No
21. Do you have to push with your finger in the front passage to help passing water?
 Yes / No
22. Do you use pads? Yes / No
23. What kind of pads do you use? Pantliners Proper pads.
24. How many do you use on an average day?
25. To what extent does your bladder condition affect your quality of life?
 Not at all Minimally Moderately Badly

Prolapse symptoms:

26. Do you feel any bulge or lump in the front passage? Yes / No
27. Do you see any bulge or lump in the front passage? Yes / No
28. Do you feel any dragging sensation? Yes / No
29. Do you feel discomfort on long standing or exertion? Yes / No
30. To what extent does your prolapse affect your quality of life?
 Not at all Minimally Moderately Badly

Bowel symptoms:

31. How often do you open your bowel?
32. What is the motion like?
33. Do you take any medication to help emptying your bowel? Yes...../ No
34. Do you have to press with your hand to open your bowel? Yes / No
35. Do you feel you empty your bowel completely? Yes / No
36. Do you strain at the end to empty your bowel? Yes / No

37. If you have to go to open your bowel, do you have to rush in case you pass motion before you reach the toilet? Yes / No

38. Do you have accidents from the back passage? Yes / No

39. If so, is it wind?....., loose stool?....., solid stools?.....

40. To what extent does your bowel condition affect your quality of life?

Not at all Minimally Moderately Badly

Sexual function symptoms:

41. Do you have regular sexual intercourse? Yes / No

42. If so, do you have any problems? Yes / No

43. If not, is this because of your bladder / bowel / prolapse problems? Yes / No

44. Are you afraid of leaking water during intercourse? Yes / No

45. Does the lump / bulge down below come in the way? Yes / No

46. Do you or your husband / partner feel the front passage is not tight enough?
Yes / No

47. Do you feel any pain with intercourse? Yes / No

Pain:

48. Do you get any pain down below / front passage? Yes / No

49. Do you get pain in your waterworks? Yes / No

Obstetric History:

50. How many deliveries have you had?

Normal Ventouse Forceps Caesarean.....

Gynaecological History:

51. When was your last period?.....

52. Do you have any problem with your period?.....

53. When was your last smear?.....,What was the result?.....

54. Are you taking any contraception or hormone replacement therapy?.....

55. Do you have any other gynaecological problems?.....

.....

Past History:

56. Please list any operations you had and their dates;.....

.....

.....

57. Please list any medications you are on;

.....

.....

58. Please list any allergies you have;

.....

59. Please list any medical problems you have;

.....

.....

.....

Family History:

60. Please list any medical problems in your family;

.....

61. Did any of your female relatives suffer from bladder problems or prolapse?

.....

62. What are the goals you would like to achieve from treatment?.....

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Thank you for taking the time to complete the questionnaire.