## Name:

## **Urogynecologic Symptoms:**

1) Do you feel like you have a bulge or a ball coming out of your vagina? Yes No

2) How often do you go to the bathroom to empty your bladder (pee) on an average day?

1-3 4-6 8-10 10-12 12-14 Other: \_\_\_\_\_

3) How often does the need to empty your bladder (pee) wake you up on an average night?

0 1-2 2-3 3-4 4-5 Other:

17) Do you have to strain for a bowel movement? Yes No If yes, how often do you strain?

## Reason for visit:

Surgical History: Please check all that apply to you

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