



at Virginia Women's Center

## CONTINENCE HISTORY FORM

Name: \_\_\_\_\_

Chart No.: \_\_\_\_\_

Date: \_\_\_\_\_

### UROLOGIC HISTORY

1. Do you ever have difficulty controlling your urine or leak urine accidentally?  Yes  No
2. How long have you had trouble controlling your urine?  Less than one year Number of years
3. How often does it happen that you lose urine accidentally?  
 More than once a day  Not daily, but at least once a week  Less than once a month
4. Do you ever wear pads or devices to protect yourself against accidental urine loss?  Yes  No  
If yes, about how many pads do you use each day?
5. Do you leak urine during certain activities?  Yes  No  
If yes, which activities?  
 Coughing  Exercise  Sneezing  Lifting  Sports  Sexual Activity  
Other \_\_\_\_\_
6. Do you ever leak when going from a lying down position to a sitting position or from a sitting position to a standing position?  Yes  No

### FREQUENCY AND URGENCY

1. Approximately how often do you urinate during the day time? Every:  
 30 minutes or less  30 to 60 minutes  1-2 hours  2-3 hours  3 hours or longer
2. Approximately how many times do you usually have to urinate at night?  
 None  1 time  2 times  3 times  4 times  5-8 times  More than 8 times
3. When you feel the urge to urinate, can you wait a few minutes or do you sometimes have to rush to the bathroom?  Can wait  Have to rush sometimes  Have to rush often  
If you do have to rush, do you ever not make it to the bathroom on time and leak?  Yes  No

### GYNECOLOGY

1. How many times have you been pregnant?
2. Have you had babies by vaginal delivery?  No  Yes. If yes, how many?
3. Have you had babies by caesarean section?  No  Yes. If yes, how many?
4. Have you had a hysterectomy?  Yes  No
5. If so, was the hysterectomy done through the abdomen or the vagina?  Abdomen  Vagina  Not sure