

Core Dynamics Physical Therapy

200 ENGLE STREET, SUITE 20 ENGLEWOOD, NJ 07631 • Ph: 201-568-5060 • Fax 201-568-5061

Assessment Questionnaire – Bladder

Name: _____ Date: _____

Date of Birth: _____ Age: _____ School Grade: _____

Parent/Guardian Name: _____

Siblings Name & Ages: _____

PRIMARY PROBLEM- BLADDER:

Describe the problem in your own words: _____

When did the problem begin? _____

My problem occurs during: _____

Frequency of problem: (mark an X if the item is answered yes)

- | | | | |
|-----------------------------|----------|-----------|------------|
| <input type="radio"/> Day | ___x/day | ___x/week | ___x/month |
| <input type="radio"/> Night | ___x/day | ___x/week | ___x/month |

Urine Loss Amount:

- Small (drops)
- Medium (wet underwear)
- Large (wet outerwear)

Urgency to Toilet:

- No urgency to toilet
- Medium urgency to toilet
- Extreme urgency to toilet

Location of Symptom Occurrence:

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- Home
- School
- Other

Toileting Frequency:

Day: every ____ hour ____ 2 hours ____ 3-4 hours ____ 5 hours or more
Night: times/night ____ none ____ 1 ____ 2 ____ 3 ____ other

Fluid Intake:

of 8 Ounce glasses _____ breakfast _____ lunch _____ dinner _____ bed

Types of Fluids: _____

Urine Flow Characteristics:

- Initiation hesitancy
- Reduced stream flow
- Pulsed/ staccato flow
- Strain/ push to urinate
- Pain with urination
- Dribbling post urination

Rationale for Loss of Control:

- Fear of toilet/bathroom
- Sudden urgency
- Preoccupied /not responsive to signal
- Unaware of urine loss
- Other

Associated Symptoms:

- Constipation
- Abdominal discomfort

Toilet Posture: Describe position on/standing at the toilet (foot, knee, hip and back position)

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Underwear/Protection Used: _____

Impact of bladder problem on Daily Life: (circle one)

0 1 2 3 4 5 6 7 8 9 10

None

Moderate

Significant

What activities have changed: _____

Medical History:

- UTI's _____ # in the past year
- Serious illness list: _____

- Surgery list: _____

- Developmental Delays list: _____

- Medications List: _____

Family History: Mother: _____ Father: _____ Siblings: _____

Toilet trained:

- Bladder at _____ yr/ old
- Bowel at _____ yr /old