

Kidney / Bladder Questionnaire

- _____ Constant feeling of a full bladder
- _____ Loss of control holding urine
- _____ Burning sensation when urinating
- _____ Urine seems foamy
- _____ Urine has strong odor
- _____ Strain to urinate with scant flow
- _____ Legs often feel heavy
- _____ Awake in the middle of the night to urinate more than once
- _____ Pain in middle of back
- _____ History of bladder infections
- _____ History of kidney stones