





**Bladder symptoms**

Do you lose urine when you:

Cough/ sneeze/ laugh	Y	N	Lift/ exercise/ dance/ jump	Y	N
On the way to the bathroom	Y	N	Other	Y	N
Hear running water	Y	N			
Do you wet the bed	Y	N			
Have burning/ pain with urination	Y	N			
Difficulty starting a stream of urine	Y	N			
Strain to empty your bladder	Y	N			
Feel unable to empty bladder fully	Y	N			
Have a falling out feeling	Y	N			
Have pain with a full bladder	Y	N			
Have an urgency of urination (a strong urge to urinate)	Y	N			
Urinate more than 7 times/day	Y	N			

**Bowel symptoms**

Strain to have a bowel movement	Y	N	Leak / stain feces	Y	N
Include fiber in your diet	Y	N	Have diarrhea often	Y	N
Take laxatives / enema regularly	Y	N	Leak gas by accident	Y	N
Have pain with bowel movement	Y	N			
Have a very strong urge to move your bowels			Y	N	

How often do you move your bowels: \_\_\_\_\_ per day, week

Most common stool consistency

\_\_\_ liquid \_\_\_ soft \_\_\_ firm \_\_\_ pellets \_\_\_ other \_\_\_\_\_

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