

MICHAEL J. WOLPMANN, MD, FACOG, FACS

Self-Assessment Survey

This self-assessment survey may be helpful in determining whether you have bladder control problems that might be treatable with InterStim Therapy. If you answer "yes" to most of these questions, you may want to discuss InterStim Therapy as a potential treatment.

Please remember that only your physician can determine whether you might be a good candidate for this therapy. You may want to print this page and bring it to the office with you to discuss with Dr. Wolpmann.

Urgency / Frequency

- | | Yes | No |
|---|--------------------------|--------------------------|
| Do you have to urinate more than 7 times per day? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you continuously feel like you have to urinate? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you get up more than once a night to go to the bathroom? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you tried medication and had intolerable side effects, or was the medication not very effective? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you tried physical therapy (biofeedback, e-stim, etc.) and it was not effective? | <input type="checkbox"/> | <input type="checkbox"/> |

Urge Incontinence

- | | Yes | No |
|---|--------------------------|--------------------------|
| Do you have accidents before reaching the bathroom? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you wear absorbent undergarments for fear of an accident? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you tried medication and had intolerable side effects, or was the medication not very effective? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you tried physical therapy (biofeedback, e-stim, etc.) and it was not effective? | <input type="checkbox"/> | <input type="checkbox"/> |

Retention

- | | Yes | No |
|---|--------------------------|--------------------------|
| Do you need to use a catheter to empty your bladder? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have obstructions (prostate, etc.) been ruled out as a cause? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you tried medication and had intolerable side effects, or was the medication not very effective? | | |

If you have any questions, please feel free to call our office at 485-5700