Newton-Wellesley
OBSTETRICS & GYNECOLOGY, P.C.

Post-Op Visit Questionnaire

Urogynecology · Dr. Janet Li

Patient name **Date of birth** **Today's date**

Please complete this form before your visit. Click a circle to choose an answer and type in the shaded boxes. When you're done, save the file and return it to our office.

Pain and bleeding

1 Rate your pain right now on a scale of 0 to 10:

◯ 0 ◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5 ◯ 6 ◯ 7 ◯ 8 ◯ 9 ◯ 10

No pain *Severe pain*

2 Since your surgery, is your pain: ◯ Better ◯ Same ◯ Worse

3 How much vaginal bleeding are you having now?

◯ 0 ◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5

None *Heavy*

4 Since your surgery, is the bleeding: ◯ Better ◯ Same ◯ Worse

Bladder

5 Are you having urinary leakage / incontinence since your surgery? ◯ Yes ◯ No ◯ Not sure

If you answered "Yes" to question 5:

a. Do you leak urine with coughing, sneezing, lifting, or laughing? ◯ Yes ◯ No

b. Do you leak urine with urgency before you reach the bathroom? ◯ Yes ◯ No

6 Do you have trouble voiding (urinating)? ◯ Yes ◯ No

7 How often do you urinate during the daytime?

◯ Every 30 min ◯ Every hour ◯ Every 2 hrs ◯ Every 3 hrs ◯ Less often

8 How many times do you wake up to urinate when you are sleeping at night?

◯ 0 ◯ 1 ◯ 2 ◯ 3 ◯ 4 or more

General

9 Are you having constipation? ◯ Yes ◯ No

10 Have you had a fever? ◯ Yes ◯ No

11 What medications do you need refilled?

12 What concerns or questions do you have for me today?