

**Integral Theory Patient Questionnaire and Other
Diagnostic Resource Tools**

Patient Questionnaire

Self administered patient questionnaire

Part I Personal Details

Name: _____ Date: _____
 Address: _____ Date of birth : _____
 Weight : _____ kg Telephone: _____
 Number of vaginal deliveries ()
 Number of caesarean sections ()

Part II Symptoms

Describe in your own words your main urinary symptoms and duration:

All sections: tick appropriate square. Write extra details if you wish.

A. Stress Incontinence (SI) Symptoms	No	Yes some- times	Yes 50% or more
Do you lose urine during:			
(A) Sneezing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> *
(A) Coughing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> *
(A) Exercise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> *
(1) Walking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(A) (2) Stooping, squatting or getting up from a chair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>(P,M) Symptoms of deficient emptying</i>			
(3) Do you feel that your bladder isn't emptying properly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) Do you ever have difficulty starting off your stream?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) Is it a slow stream?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) Does it stop and start involuntarily?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* Note to physician: the filter '50% or more' (column 3) has a proven correlation for SI being caused by anterior zone defect. For all other symptoms a 'sometimes' notation is sufficient to attribute a symptom to a particular zone. 'A', 'M' and 'P' indicate the zone of causation and where the symptoms should be transcribed on the Diagnostic Summary Sheet (fig 3-03). Numbers in parentheses refer to notes at the end of the questionnaire.

		No	Yes some- times	Yes 50% or more
Urge symptoms:				
Do you ever have an uncontrollable desire to pass urine?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If so, do you wet before arriving at toilet		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If so, how many times a day do you wet? (Write number)				
	Good day	—	—	—
	Bad day	—	—	—
How much?	A few drops	No	Yes	
	A teaspoon full	No	Yes	
	A tablespoon or more	No	Yes	
(4)	Do you have pain while passing urine?	No	Yes	
(P)	How many times during the night do you get up to pass urine?	—	—	—
How many times do you pass urine during the day? (Write number)		—	—	—
(A, M)	(5) In the morning do you wet immediately on getting out of bed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(A)	(5a) Did you wet the bed as a child but not after puberty?	No	Yes	
(P)	(5b) Did your problems begin soon after puberty?	No	Yes	
(P)	(5c) Are your symptoms worse before a period ?	No	Yes	
Bowel symptoms:				
(A, P)	(6a) Do you have difficulty evacuating your bowels?	No	Yes	
(A, P)	(6b) Do you ever soil yourself (faeces)?	No	Yes	
	wind	No	Yes	
	liquid faeces	No	Yes	
	solid faeces	No	Yes	
Social inconvenience:				
(A, P)	(7) Are you 'moist' with urine much of the time?	No	Yes	
(8)	Do you leave puddles on the floor?	No	Yes	
	Do you lose urine in bed at night?	No	Yes	
	Do you wear a pad or liner on going out? (Circle) Never /sometimes /always			
	If so, how many pads/liners per day? (Write number)	—	—	—
Previous operations: (circle the answer which matches)				
(P)	(9) Have you had a hysterectomy?	No	Yes	
	If so, when? (write date) — — — —			
(10)	Have you had previous surgery for incontinence?	No	Yes	
	If so, when? (write date) — — — —			
	Are you <u>better</u> or <u>worse</u> since? (Circle)	Worse	Better	
(10)	Have you had previous vaginal surgery?	No	Yes	
	If so, when? (write date) — — — —			

(P)(11) *Pelvic pain*

Do you have deep pain on intercourse?

Do you have a pain down at the bottom of your spine?

Do you have a pain down at the bottom of your abdomen?

(12) Do you have pain at the entrance to your vagina?

No	Yes some- times	Yes 50% or more
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Quality of life grading

Please circle a grading between 1 and 5 to describe the effect that incontinence has on your normal activities. 1 is low impact, 5 is high impact.

1 = normal

2 = mild, no effect on lifestyle

3 = can't drink, must locate toilets on going out

4 = always wears pads, very restricted social life

5 = totally housebound.

Explanatory Code for Physicians - Significance of '50% filter' (column 3)

Symptoms vary because control is a non-linear interaction of 'mechanical' and 'neurological' phenomena. Therefore when transcribing the response data to the Diagnostic Summary Sheet (figure 3-03), a 'sometimes' response is taken as a positive indication. The exception is stress incontinence (column 3). A tick in column 3 is required for a positive response because of proven correlation of the 50% filter with pad test results. The significance of the 50% filter for the other symptoms has yet to be tested statistically.

Explanatory Notes for the Numbers Preceding the Questionnaire Responses

(1) This is usually caused by low urethral pressure (ISD) but may be from lax posterior zone.

(2) If there is minimal SI with coughing, it is termed 'paradoxical leakage'. In age group >70 yrs generally due to PUL (pubourethral ligament) defect. Exclude tethered vagina syndrome in patients with previous vaginal surgery if a tight scar at bladder neck.

(3) USL (uterosacral ligament) cystocele, but also after excessive bladder neck elevation, or tight suburethral sling.

(4) Exclude UTI, chlamydia, etc.

(5) Generally PUL defect even with previous operation, but exclude tethered vagina if tight scar at bladder neck.

(5a) This condition runs in families. It indicates congenital PUL weakness.

(5b) & (5c) The cervix softens to allow menstruation to pass, weakening the anchoring point of USL.

(6a) Posterior zone defect (perineal body/ rectocele/USL) and sometimes PUL.

(6b) Defective PUL/USL and /or anal mucosal prolapse (descending perineal syndrome).

(7) Low urethral pressure - usually with lax suburethral vagina (80%), but can be caused by lax posterior zone (20%).

(8) This may be defective PUL, but may be also due to USL defect.

(9) Suspect posterior zone defect especially in age group > 60 years.

(10) Think of tethered vagina syndrome in patients with positive answers for '5' and '2' who have scarring or tightness at bladder neck.

(11) Posterior zone defect.

(12) Vulvar vestibulitis which may also be caused by posterior zone defect.

'Objective' Tests

Pad tests

- (A) Cough X 10 () gm
Handwashing Test (30 Seconds) () gm
*24 Hr Pad Test () gm
*indicate with a tick: good day () average day () bad day ()

Perineal Ultrasound

- (A) Bladder neck descent () mm
(A) Funnelling No / Yes
(A) Prevention of funnelling with midurethral anchor Test: No / Yes

Urodynamics

- Bladder capacity () ml
(M) (P) Emptying time (>60 seconds) () secs
(M) (P) Residual urine (>30 ml) () ml
Detrusor instability No / Yes
(A) Maximal urethral closure pressure (MUCP) ()

A = anterior zone; M = middle zone; P = posterior zone

Pad Test Methodology Explanatory Notes

Pads are weighed on a 1000 gm digital scale.

24 Hour Pad Tests

This test measures the severity of the problem and includes urine loss from both stress and instability. Preweighed pads are worn continuously and collected over a 24 hour period.

Ask the patient to purchase a packet of menstrual pads and to set aside one dry pad. Weigh the dry pad.

Once a pad is wet it is placed in a sealed plastic bag. Because there is very little weight variation between the same type of menstrual pad when dry, the wet pads can be weighed in toto and the weight of equivalent number of dry pads subtracted to yield the weight of urine. Unless SI is very severe, a large 24 hour loss generally points to instability as the major problem.

Rapid Provocative Pad Tests

10 coughs are specific for stress incontinence (anterior zone defect). 'Cough activated instability' is easily diagnosed by asking the patient to observe if urine loss continues after cessation of coughing.

Handwashing during 30 seconds objectively tests for bladder instability by activating the micturition reflex, urine leakage associated with urgency.

Variability

With all objective tests, the loss may vary significantly from day to day. This is because the control mechanisms of the body are complex and non-linear. More reliability is obtained by asking whether day of testing is a 'good', 'average' or 'bad' day.