



CystoSure® Office Cystometrics and Cystoscopy Data Collection Sheet

Name: _____

Date: _____

QUID: Stress Score: _____ Urge Score: _____ Total Score: _____

Indication(s) for testing (circle all that apply):

1. Stress Incontinence (N39.3)
2. Urge Incontinence (N39.41)
3. Overactive bladder (OAB) (N32.81)
4. Prolapse (N81.4)
5. Voiding Dysfunction (N39.9)
6. Pelvic/Bladder Pain (R10.2/N30.1)
7. Recurrent UTI (N39.0)
8. Other _____

Menopausal: (circle one): No Yes

Prior Endoscopic Bladder Surgery: _____

Prior Urethral Procedures / Surgery: _____

Physical Exam Findings

Cystocele Grade (circle one): none 1 2 3 4
Central Prolapse Grade (Circle one): none 1 2 3 4
Rectocele Grade (circle one): none 1 2 3 4
Vaginal Atrophy (circle one): No Yes
Urethral mobility > 30° (circle one): No Yes
Sensory-Anal Wink (circle one): Normal Reduced

Cystometrogram (CMG) Data

Measured Post-Void Residual (mPVR): _____ cc (Normal < 150 cc)
First Sensation: _____ cc (Normal 50-150 cc)
Normal Urge: _____ cc (Normal 150-350 cc)
Strong Urge: _____ cc (Normal 300-600 cc)
Max Capacity: _____ cc (Normal 300-600 cc)

Uroflow: _____ cc/sec (Normal 15-18 cc/sec)
Voided Volume: _____ cc
Calculated PVR: _____ cc (cPVR = Max Capacity – Voided Volume)

Cough Stress Test (CST): Stress Urinary Incontinence demonstrated (circle one): No Yes

Cystoscopic Evaluation: _____

Provider: _____

Name: _____

Date: _____

Questionnaire for Urinary Incontinence Diagnosis (QUID)*

Question	Scoring					
	None of the time: score 0	Rarely: score 1	Once in a while: score 2	Often: score 3	Most of the time: score 4	All of the time: score 5
Do you leak urine (even small drops) wet yourself, or wet your pads or undergarments...						
1. When you cough or sneeze?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. When you bend down or lift something up?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. When you walk quickly, jog, or exercise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. While you are undressing to use the toilet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you get such a strong and uncomfortable need to urinate that you leak urine (even small drops) or wet yourself before reaching the toilet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you have to rush to the bathroom because you get a sudden, strong need to urinate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For scoring purposes, items 1, 2, and 3 contribute to the stress score; items 4, 5, and 6 contribute to the urge score. Each item's responses range from 0 to 5 points.

* Bradley CS, Rovner ES, Morgan MA, Berlin M, Novi JM, Shea JA, Arya LA. A new questionnaire for urinary incontinence diagnosis in women: development and testing. Am J Obstet Gynecol. 2005; 192:66–73. [PubMed: 15672005]

Stress Score: _____

Urge Score: _____

Total Score: _____