



Patient Questionnaire for Qualification of Non-Invasive In-Office Treatments

Questions regarding your cycles

Yes **No**

- € € Does your cycle cause you undue emotional stress?
- € € Does your period last longer than seven days?
- € € Do you use more than 3 pads or tampons per day?
- € € Do you feel the need to double up on feminine protection?
- € € Do you become fatigued due to your heavy bleeding?
- € € Does your heavy bleeding affect your social, athletic, or sexual activities?
- € € Do you miss work because of you periods?
- € € Do you pass clots during your periods?
- € € Do you avoid leaving your home for fear of accidents?
- € € Do you avoid wearing light colors during your period?
- € € Has medication (birth control pills) failed to help your heavy bleeding?
- € € Are you interested in learning more about a one time treatment for heavy bleeding that is safe, non-surgical and may be provided in the comfort of your physician's office?

Questions regarding incontinence

- € € Does incontinence cause you undue emotional stress?
- € € Do you ever lose urine when you laugh, cough, sneeze or exercise?
- € € Do you ever have a sudden, uncontrollable urge to urinate?
- € € Do you urinate more than 8 times per day?
- € € Are you ever awakened from sleep to urinate?
- € € Is your abdomen tender, or is it painful to urinate?
- € € Do you often get urinary tract infections?

Questions regarding birth control

- € € Are you certain you do not want any more children?
- € € Would you be interested in a permanent birth control that does not affect your hormones?
- € € Do you want to stop worrying about unplanned pregnancy?
- € € Do you want to stop managing your temporary birth control method?

X _____
(Patient Signature)

X _____
(Date)