

# GP Appointment Questions – Bladder Problem

**This form can be printed or completed on a device.**

**Printing:** Please ensure that you print this material with the following specifications – On A4 paper. One page to be printed per piece of A4 paper single sided.

**Device:** Please ensure your device supports the completion and saving of fillable PDF files.

**Date:**

**How long have you had the problem?**

**How does it feel?**

**How often does it affect you?**

**What activities does your bladder problem stop you from doing?**

**What changes do you need to make to your day because of your bladder problem?**

**Which food, drink or lifestyle choices do you think make the condition worse?**

**What types of liquid and how much of each do you drink in a typical day?**

**Please provide details of your medical history**

Visit [bladderproblem.co.uk](https://bladderproblem.co.uk) for further support and information

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