

| Past history: | Yes | No | Fill in answer |
|---|------------|-----------|-----------------------|
| Do you have a history of prostate enlargement? | | | |
| Do you have heart failure? | | | |
| Do you have swelling in your legs? | | | |
| Do you take diuretics (water pills)? | | | |
| Do you have sleep apnea (ie use a CPAP machine?) | | | |
| | | | |
| Social habits: | | | |
| Do you do physical exercise? (ie walking daily) | | | |
| Do you drink alcohol? | | | |
| Do you smoke? | | | |
| How many glasses of water do you drink a day? | | | |
| When do you goto sleep? | | | |
| When do you eat dinner? | | | |
| When is the last time you drink before going to sleep? | | | |
| | | | |
| History of your condition | | | |
| What year and month did your symptoms start? | | | |
| What makes your symptoms worse? | | | |
| What makes your symptoms better? | | | |
| Do you have pain when you urinate? | | | |
| How many times do you urinate during the day time? | | | |
| How many times do you urinate during the night time? | | | |
| Do you urinate large volumes at night (or just small volumes?) | | | |
| Do you urinate more volume at nighttime or day time? | | | |
| | | | |
| Testing | | | |
| Have you done urine tests to rule out infection/bleeding? | | | |
| | | | |
| My general recommendations for everyone | | | |
| 1. Stop drinking all fluids 4 hrs prior to sleep. | | | |
| 2. If you have to drink - do it in the morning/lunch; not evening. Drink less than 2L total per day. Drink less coffee/tea. | | | |
| 4. Consider pelvic physiotherapy (Kegel's exercises). | | | |
| 5. We can always try medications if needed | | | |