

Bladder Symptom Questionnaire



Name: _____

Date of Birth: _____

Phone number: _____

Date: _____

Please read the questions and answer the questions below based on the last few months (circle your response):

	4-5 times a day	6-8 times a day	9-10 times a day	10-12 times a day	Over 12 times a day
1. How often do you usually urinate during the day?	0	1	2	3	4
	0-1 time at night	2 times at night	3 times at night	4 times at night	5 or more times at night
2. How many times do you urinate at night?	0	1	2	3	4
	No urge	Mild urge (can delay over an hour)	Moderate urge (can delay 10-60 min)	Severe urge (can delay less than 10 min)	Desperate urge (must go immediately)
3. What is the reason that you usually urinate?	0	1	2	3	4
	More than 60 min	30-60 min	10-30 min	Less than 10 min	Must go immediately
4. Once you get the urge to go, how long can you comfortably delay?	0	1	2	3	4
	Never	Rarely	A few times a month	A few times a week	At least once a day
5. How often do you get a sudden urge that makes you rush to the bathroom?	0	1	2	3	4
	Never	Rarely	A few times a month	A few times a week	At least once a day
6. How often do you get a sudden urge and leak urine or wet pads?	0	1	2	3	4
	Total control	Very good	Good	Poor	No control
7. In your opinion, how good is your bladder control?	0	1	2	3	4

Please total your score for questions 1 - 7 above

0-7 Mild | 8-16 Moderate | 17-28 Severe

- 8. Do you experience accidental leakage when performing some physical activity such as coughing, sneezing, laughing or exercise? YES NO
- 9. Have you tried medications to help improve your symptoms? YES NO
- 10. Would you be interested in learning about a minimally invasive test that could allow you to avoid or discontinue your Overactive Bladder Medication? YES NO