

# Bladder Symptom Questionnaire

Doctor's Name: \_\_\_\_\_

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