

# BLADDER CONTROL QUESTIONNAIRE

TODAY'S DATE \_\_\_\_\_

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

## FREQUENCY OF URINE LEAK

- Never
- Less than once per week
- Less than once per day
- More than once per day
- More than twice per day
- Always wet

## FREQUENCY OF VOIDING

Day \_\_\_\_\_ x per day

Night – more than twice?  yes  no

## AMOUNT OF URINE LEAK

- Few drops, slight dampness
- Less than a teaspoonful – definitely damp
- More than a teaspoonful – wet
- Large volume – soaking

## URGE

Do you have a strong urge to pass urine?

- yes  no

If yes, do you lose urine before reaching the toilet?

- Never  Occasionally  Usually  Always

## PROTECTION

- No pads or protection and no change of underpants all day
- Pads only if you are going out
- Pads or protection every day, changing once
- Pads or protection every day, changing twice
- Pads or protection every day, changing three or more times per day

## ACTIVITIES OR STRESS

- No leak with vigorous activity
- Leak with intercourse
- Only leak with vigorous exercise
- Leak with cough, laugh, sneeze
- Leak with fast running
- Leak with walking
- Leak when changing position
- Leak with slightest movement in bed

## ADDITIONAL QUESTIONS

Have you stopped doing any activities, sports, socializing, etc, due to bladder symptoms?

- yes  no

When passing urine, are you able to stop the flow?

- yes  no

Have you had previous surgery or treatment for urinary incontinence? If so:

Surgery \_\_\_\_\_

When \_\_\_\_\_

Medication \_\_\_\_\_

Past \_\_\_\_\_

Current \_\_\_\_\_

Do you have a history of urinary tract infections?

- yes  no

Have you noticed blood in your urine?

- yes  no