

Bladder Control Questionnaire



Name: _____ Date of Birth: _____ Date: _____

Instructions to patient: Considering your symptoms over the last 3 months. Please answer each question below by checking the best response.

1. Frequency of urine leak

- | | |
|---|--|
| 0 ☐ Less than once per week | 3 ☐ More than twice per day |
| 1 ☐ More than once a week | 4 ☐ Always wet |
| 2 ☐ More than once every day | |

2. Amount of urine leak

- | | |
|---|---|
| 1 ☐ Few drops-slight dampness | 3 ☐ More than a tablespoon – wet |
| 2 ☐ Less than a teaspoon – definitely damp | 4 ☐ Large volumes – soaking |

3. Protection and changes

- | | |
|---|---|
| 0 ☐ No pads or protection and no change of undergarments all day | 3 ☐ Pads or protection every day, changing twice per day |
| 1 ☐ Pads only if have a cold or going out | 4 ☐ Pads or protection every day, changing three or more times per day |
| 2 ☐ Pads or protection every day, changing once per day | 5 ☐ Large pads (e.g. diaper or Attends) |

4. Activities or stress

- | | |
|--|---|
| 0 ☐ No Leak with vigorous activity | 4 ☐ Leak walking on flat ground or getting up from sitting |
| 1 ☐ Only leak with vigorous exercise | 5 ☐ Leak with slightest movement, even in bed |
| 2 ☐ Leak with cough, laugh, sneeze | 6 ☐ Leak with intercourse |
| 3 ☐ Leak with fast walking or running | |

5. Urge

Do you have a strong urge to pass urine with A full bladder?

- ☐ Yes ☐ No

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

- | | |
|------------------------------------|---|
| 0 ☐ Never | 1 ☐ Occasionally |
| 2 ☐ Usually | 3 ☐ Always |

6. What is the frequency of your daytime urination?

- ☐ 1-4 times per day ☐ 5-8 times per day ☐ 9-12 times per day ☐ ≥13 times per day

7. How often do you urinate at night?

- | | |
|--|--|
| 1 ☐ Do not urinate at night | 4 ☐ 3 times per night |
| 2 ☐ 1 time per night | 5 ☐ 4 or more times per night |
| 3 ☐ 2 times per night | |

8. Describe your level of confidence in your ability to control your bladder.

- | | |
|--|--|
| 1 ☐ Complete confidence | 2 ☐ Moderate confidence |
| 3 ☐ Little confidence | 4 ☐ No Confidence |

9. Overall how much does bladder issues (leaking, frequent urination, etc.) interfere with your life?

- | | |
|--|---|
| 1 ☐ Does not interfere with my life | 3 ☐ Slight problem |
| 2 ☐ Minor Inconvenience | 4 ☐ Moderate problem |