

# Are Bladder Control Issues Impacting Your Life?

To rate your symptoms, print out this page and circle the number for each question that is closest to what you have recently experienced. When you have finished the survey, add up the points to find out your score. The possible total ranges from 0 to 32 points, with higher scores indicating more severe symptoms. Print out and bring this symptom score to your next doctor visit.

	Not at all	Occasionally	Several times per month	Several times per week	Every day
1. Have you ever felt like you can't control your bladder like you used to?	0	1	2	3	4
2. Do you wake up at night having to use the bathroom?	0	1	2	3	4
3. Do you sometimes have to push or strain to urinate?	0	1	2	3	4
4. Do you feel like you have to urinate all the time or urinate more than seven times each day?	0	1	2	3	4
5. Do you find yourself staying near bathrooms or wearing absorbent undergarments because you sometimes leak urine?	0	1	2	3	4
6. Are there activities you no longer enjoy because of bladder control issues?	0	1	2	3	4
7. Do you turn down invitations from friends or family because you're afraid you'll experience incontinence?	0	1	2	3	4
8. Do bladder control issues occupy your thoughts?	0	1	2	3	4
					<b>Total</b>

*Information on this site should not be used as a substitute for talking with your doctor. Always talk with your doctor about diagnosis and treatment information.*