

URGE & BLADDER HABITS QUESTIONNAIRE

Let's Start Here..

Do You Experience...

IF YOU ANSWER YES TO ANY OF THESE QUESTIONS, YOU MAY BE EXPERIENCING SYMPTOMS OF URINARY URGENCY, FREQUENCY, OR URGE INCONTINENCE. THERE ARE WAYS YOU CAN CHANGE THIS! ASK YOUR PELVIC HEALTH PT FOR RESOURCES.

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| 1. Leaking urine when you hear running water? | Y/N |
| 2. Inability to hold urine when getting into a pool or shower? | Y/N |
| 3. Rushing to the bathroom with a strong feeling to "go"? | Y/N |
| 4. Going to the bathroom every hour or less during the day? | Y/N |
| 5. Urinary leakage caused by a strong urge | Y/N |
| 6. Waking up multiple times a night to void | Y/N |
| 7. Getting a strong urge to "go" with an inability to delay | Y/N |
| 8. Leaking on the way to the toilet | Y/N |
| 9. Looking for a bathroom when you arrive at your destination? | Y/N |
| 10. "Just in case" voiding | Y/N |
| 11. Slow stream or trickling of urine? | Y/N |
| 12. Pain/discomfort in the bladder or pelvic floor area? | Y/N |

Score (each Y=1) _____