

BLADDER HEALTH / INCONTINENCE QUESTIONNAIRE FOR WOMEN

1. Do you lose urine with any of the following? (Check all that apply.)
 - ☐ Laughing ☐ Lifting ☐ Exercise ☐ Sleeping
 - ☐ Nervousness or increased anxiety associated with the urge to urinate
 - ☐ Sexual intimacy or intercourse ☐ Leakage unrelated to any specific cause
2. How long have you had the problem of urinary leakage? _____
3. Which type of leakage occurred first?
 - ☐ Stress (Leakage when you cough, sneeze, or lift)
 - ☐ Urge (Associated with the feeling like you have to urinate or void)
4. Does your clothing get: ☐ Damp? ☐ Wet? ☐ Soaked?
5. Do you have to use pads? ☐ Yes ☐ No
If so, how many times a day do you have to change it (in a 24-hour period)?
 - ☐ 0 – 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 or greater
6. Is the way you urinate (or your amount of urine leakage/incontinence) keeping you from your normal daily activities? ☐ Yes ☐ No
7. How many times a day (24-hour period) will you usually urinate?
 - ☐ 0 – 4 ☐ 5 – 8 ☐ 9 – 12 ☐ Greater than 12
8. Did you have any childhood trouble with toilet training? ☐ Yes ☐ No
9. Do you have to wake up at night in order to urinate? ☐ Yes ☐ No
10. Any history of bedwetting while growing up? ☐ Yes ☐ No
11. Do you have a history of bladder infections or "cystitis"? ☐ Yes ☐ No
12. Are you sexually active? ☐ Yes ☐ No
If so, how often? _____ times weekly _____ times monthly
13. Do you have any bowel problems? ☐ Yes ☐ No
If yes, what type? ☐ Diarrhea ☐ Constipation ☐ Bowel/stool leakage
14. How often do you have a bowel movement?
 - ☐ Daily ☐ Every other day ☐ _____ times a week

