BLADDER QUESTIONNAIRE

1. Do you currently have an indwelling urinary catheter?  ☐ Yes  ☐ No  
   (If yes, please skip to question #7)

The following questions all refer to the past 7 days:

2. Do you usually experience frequent urination?  ☐ Yes  ☐ No  
   If yes, how much does it bother you?  ☐ Not at all  ☐ Somewhat  ☐ Moderately  ☐ Quite a bit

3. Do you usually experience urine leakage associated with a feeling of urgency? (urgency means a strong sensation of needing to go to the bathroom)  ☐ Yes  ☐ No  
   If yes, how much does this bother you?  ☐ Not at all  ☐ Somewhat  ☐ Moderately  ☐ Quite a bit

4. Do you usually experience leakage related to coughing, sneezing, or laughing?  ☐ Yes  ☐ No  
   If yes, how much does this bother you?  ☐ Not at all  ☐ Somewhat  ☐ Moderately  ☐ Quite a bit

5. Do you experience small amounts of urine leakage (drops of urine)?  ☐ Yes  ☐ No  
   If yes, how much does this bother you?  ☐ Not at all  ☐ Somewhat  ☐ Moderately  ☐ Quite a bit

6. Do you experience difficulty emptying your bladder?  ☐ Yes  ☐ No  
   If yes, how much does this bother you?  ☐ Not at all  ☐ Somewhat  ☐ Moderately  ☐ Quite a bit

These questions all refer to the past 7 days:

7. Do you usually experience pain or discomfort in the lower abdomen or genital region?  ☐ Yes  ☐ No  
   If yes, how much does this bother you?  ☐ Not at all  ☐ Somewhat  ☐ Moderately  ☐ Quite a bit  
   If yes, is your pain relieved after emptying your bladder?  ☐ Yes  ☐ No

8. In the past 7 days did you ever see blood in your urine?  ☐ Yes  ☐ No  
   If yes, how many days did you see it?  ☐ One or two days  ☐ 3 or 4 days  ☐ 5 or 6 days  ☐ every day

What did your urine look like at its worst in the past 7 days?  
☐ urine was light pink  ☐ urine was red  ☐ urine was cola/tea colored  ☐ urine had clots