BLADDER QUESTIONNAIRE

1. Do you currently have an indwelling urinary catheter? □ Yes □ No
   *(If yes, please skip to question #8)*

2. Are you doing CIC, self catheterization? □ Yes □ No
   *(If yes, please skip to question #8)*

The following questions all refer to the past 7 days:

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

4. 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

5. 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

6. 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

7. 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:

8. 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

9. In the past 7 days did you ever see blood in your urine? *(This could mean that you had obvious blood in your urine or that your urine was red or light pink)* □ Yes □ No

-----Questionnaire continues on next page-----
If yes, how many days did you see it?
☐ One or two days ☐ 3 or 4 days ☐ 5 or 6 days ☐ every day

If yes, 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