

**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

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