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 dies 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