

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