

Bladder & Bowel Symptom Questionnaire

Doctor's Name: _____

Your Name: _____

Date of Birth: _____

Phone number: _____

Date: _____

Please read the questions and answer the questions below based on the last few months (circle your response):

	4-5 times a day	6-8 times a day	9-10 times a day	10-12 times a day	Over 12 times a day
1. How often do you usually urinate during the day?	0	1	2	3	4
	0-1 time at night	2 times at night	3 times at night	4 times at night	5 or more times at night
2. How many times do you urinate at night?	0	1	2	3	4
	No urge	Mild urge (can delay over an hour)	Moderate urge (can delay 10-60 min)	Severe urge (can delay less than 10 min)	Desperate urge (must go immediately)
3. What is the reason that you usually urinate?	0	1	2	3	4
	More than 60 min	30-60 min	10-30 min	Less than 10 min	Must go immediately
4. Once you get the urge to go, how long can you comfortably delay?	0	1	2	3	4
	Never	Rarely	A few times a month	A few times a week	At least once a day
5. How often do you get a sudden urge that makes you rush to the bathroom?	0	1	2	3	4
	Never	Rarely	A few times a month	A few times a week	At least once a day
6. How often do you get a sudden urge and leak urine or wet pads?	0	1	2	3	4
	Total control	Very good	Good	Poor	No control
7. In your opinion, how good is your bladder control?	0	1	2	3	4
Please total your score for questions 1 - 7 above					

0-7 Mild | 8-16 Moderate | 17-28 Severe

8. Do you have accidental bowel leakage? YES NO
9. Do you have difficulty fully emptying your bladder? YES NO
10. Do you experience accidental leakage when performing some physical activity such as coughing, sneezing, laughing or exercise? YES NO
11. Have you tried medications to help improve your symptoms? YES NO
12. Do you want to schedule a visit to talk with your doctor about a therapy that may relieve your symptoms? YES NO

This questionnaire is provided as a sample of a document that can be used to track your symptoms. Completing the questionnaire can be helpful to your healthcare provider because it describes your daily habits and your symptoms. Your doctor will use this information to help determine a treatment for your condition.