

Problems with urination questionnaire Handout #1

Name: _____ DOB _____ Date: _____

During the past month, how often have the following occurred? Please use the following choices to answer the questions.

0. Not at all 1. Less than 1 time in 5 2. Less than half the time 3. About half the time
4. More than half the time 5. Almost always

1. Incomplete Emptying

A sensation of not emptying your bladder completely after you finished urinating? _____

2. Frequency

Urinate again less than two hours after you finished urinating? _____

3. Intermittency

Stopped and started again several times when you urinated? _____

4. Urgency

Difficult to postpone urination? _____

5. Weak Stream

A weak urinary stream? _____

6. Straining

Push or strain to begin urination? _____

7. Nocturia

How many times do you typically get up to urinate from the time you go to bed at night until the time you wake up in the morning?

0. None 1. 1 time 2. 2 times 3. 3 times 4. 4 times 5. 5 or more _____

Total numerical score of questions 1 to 7 _____

Urinary frequency and incontinence questions:

How many times do you urinate while you are awake?

0. 1-4 times 1. 5-6 times 2. 7-8 times 3. 9-10 times 4. 11-12 times 5. >12 times _____

Do you ever wet yourself, even a little? (If yes, continue below) Yes No

How many pads or napkins do you use in a 24 hour period to protect yourself?

0. 0 pads 1. 1 pad 2. 2 pads 3. 3 pads 4. 4 pads 5. 5 or more _____

Do you leak spurts of urine when you cough, sneeze, laugh, jump or lift objects?

(If yes continue below) Yes No

How long have you had this problem? _____

Does the problem occur:

1. Rarely 2. Once weekly 3. 2-3 times/week 4. Almost daily 5. many times/day _____

Do you wet yourself because you get the urge to urinate and you can't hold back?

(If yes continue below) Yes No

