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Bladder & Bowel Symptom Questionnaire

visit BladderBoutique.com for more information

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):

Question					
1. How often do you usually urinate during the day?	No more often than once in 4 hours	About every 3-4 hours	About every 2-3 hours	About every 1-2 hours	At least once an hour
	0	1	2	3	4
2. How many times do you urinate at night?	0-1 time at night	2 times at night	3 times at night	4 times at night	5 or more times at night
	0	1	2	3	4
3. What is the reason that you usually urinate?	Out of convenience (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)
	0	1	2	3	4
4. Once you get the urge to go, how long can you comfortably delay?	More than 60 min	30-60 min	10-30 min	Less than 10 min	Must go immediately
	0	1	2	3	4
5. How often do you get a sudden urge that makes you rush to the bathroom?	Never	Rarely	A few times a month	A few times a week	At least once a day
	0	1	2	3	4
6. How often does a sudden urge to urinate result in you leaking urine or wetting pads?	Never	Rarely	A few times a month	A few times a week	At least once a day
	0	1	2	3	4
7. In your opinion, how good is your bladder control?	Total control	Very good	Good	Poor	No 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. Would you be interested in learning about a long-lasting option that may help you with your symptoms? ☐ YES ☐ NO

Please consult your physician on how to use this document. 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.