

THE BLADDER HEALTH QUESTIONNAIRE

Name: _____ Date: _____

INSTRUCTIONS: Please take a minute to answer the questions below about the past 4 weeks by circling the best response. For questions 1 through 5, write in the number you circle for each question in the box labeled "score." Once you have completed the questionnaire, add your score for questions 1 through 5. The TOTAL score will help you and your healthcare professional decide how serious your bladder problems may be.

Please answer YES or NO to the follow questions (A and B).

A. Have you noticed any blood in your urine or "pink" urine? Yes No

B. Did you have pain with urination? Yes No

If you have answered "yes" to A or B, we recommend that you seek medical attention immediately. If you answered "no" to both questions, please continue.

How often in the past 4 weeks...	Not a problem	Less than once a week	About 1 to 2 days a week	About 3 to 4 days a week	5 or more days per week	score
1. Did you wake up at night to urinate 2 or more times?	0	5	10	15	20	<input type="text"/>
2. Did you have a sudden and uncomfortable feeling you had to urinate soon?	0	5	10	15	20	<input type="text"/>
3. Were you bothered or concerned about bladder control?	0	5	10	15	20	<input type="text"/>
4. Did you lose or leak urine for any reason?	0	5	10	15	20	<input type="text"/>
5. Did you wear a pad or other material to absorb urine you may have lost?	0	5	10	15	20	<input type="text"/>

If your score is over 60, you may very likely benefit from care or treatment.

If your score is between 21 and 60, you may probably benefit from care or treatment.

If your score is less than 21, you are less likely to need treatment.

total

PLEASE DISCUSS THESE RESULTS WITH YOUR HEALTHCARE PROFESSIONAL. Only a healthcare professional can evaluate or diagnose your bladder health. Effective treatment is available for almost all bladder disorders.