

Do I Have Bladder Control Issues?

If you experience sudden urine leakage or often have sudden strong urges to empty your bladder, please take a few minutes to answer the following questions. Please provide this to the Doctor during your visit as it may help to determine if there are appropriate treatment options for you.

1. Have you noticed a change in your frequency of urination?

Yes No



2. Do you currently wear pads or liners to protect against unplanned leaks?

Yes No

3. When planning a trip, outing or event, does the availability or location of restroom facilities affect your decision?

Yes No

4. Do you have trouble holding your urine as you hurry to the bathroom?

Yes No

5. Do you ever experience unplanned, sudden urine loss either while sleeping or during the day?

Yes No

6. Do you experience leakage while laughing, sneezing, jumping or performing other movements that put pressure on the bladder?

Yes No



7. Do you visit the bathroom to urinate more than 8 times per day?

Yes No

8. Do you frequently experience a sudden urge to urinate?

Yes No

TAKE CONTROL
OF STRESS URINARY INCONTINENCE



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