

Bladder Control Assessment Tool



How do I use this Assessment?

Read the questions on both pages and answer them based on the last month. Share your completed assessment with your health care provider. Your answers on this assessment may help you to measure your symptoms and how much they may bother you.

Symptom Questions

Answer each question below on a scale from zero to five. The symptom questions may then be added to get a score from 0 (no symptoms) to 25 (most severe symptoms). The higher your score for these questions, the more severe your symptoms may be.

SYMPTOM QUESTIONS	Not at all	Occasionally	About once a day	About three times a day	About half the time	Almost always	SCORE
Urgency <i>How often do you have a strong, sudden urge to pass urine where you fear you may leak urine?</i>	0*	1	2	3	4	5	
Urgency Incontinence <i>How often have you leaked urine?</i>	0	1	2	3	4	5	
	None	Drops	1 Tea-spoon	1 Table-spoon	¼ cup	Entire bladder	
Incontinence <i>How much urine do you think leaks?</i>	0	1	2	3	4	5	
	1-6 times	7-8 times	9-10 times	11-12 times	13-14 times	15 or more times	
Daytime Frequency <i>How often do you pass urine during the day?</i>	0	1	2	3	4	5	
	None	1 time	2 times	3 times	4 times	5 times or more	
Nighttime Frequency <i>How many times did you wake up to pass urine during the night?</i>	0	1	2	3	4	5	
TOTAL SYMPTOM SCORE	Add score from right column to find total score.						



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Quality of Life Questions

For the quality of life questions below, please circle the response that best describes how bothered you have felt over the last month. These questions **do not** need to be added. This section may help show how your symptoms impact your life.

QUALITY OF LIFE QUESTIONS How much does this bother you:	I am not bothered at all						I am bothered a great deal
	0	1	2	3	4	5	
Activities <i>My bladder control has limited activities with friends and family.</i>	0	1	2	3	4	5	
Work <i>My ability to work or volunteer outside the home has been limited by my bladder control.</i>	0	1	2	3	4	5	
Sleep <i>Bladder control is keeping me from getting a good night's sleep.</i>	0	1	2	3	4	5	
Exercise <i>I have had to limit exercise or physical activity due to my bladder control.</i>	0	1	2	3	4	5	
Travel <i>Bladder control keeps me from traveling, taking trips, or using public transit.</i>	0	1	2	3	4	5	
Feelings <i>I am embarrassed because of my bladder control.</i>	0	1	2	3	4	5	

The better your health care provider knows the level and impact of your symptoms and quality of life, the better he or she can help you manage them. Even if you are not bothered much about mild symptoms, you and your health care provider may want to discuss what treatment options are available to you.

Disclaimer

This information is not a tool for self-diagnosis or a substitute for professional medical advice. It is not to be used or relied on for that purpose. Please talk to your urologist or health care provider about your health concerns. Always talk to a health care provider before you start or stop any treatments, including medications.

For more information, visit UrologyHealth.org/Download or call 800-828-7866.

