BLADDER HEALTH QUESTIONNAIRE

Bladder problems can affect the way we live. These problems can include frequent visits to the bathroom, a sudden or strong urge to urinate, accidental loss of urine, blood in your urine and/or pain with urination. Effective treatment is available for almost all bladder disorders. This questionnaire will help evaluate your symptoms.

Your Partners for Life
Cabell Huntington Hospital

Please take a minute to answer the first two questions below about any bladder symptoms during the past four weeks by circling the best response. Please answer YES or NO to the following questions A and B.

A. Have you noticed any blood in your urine or "pink" urine?	No	Yes
B. Did you have pain with urination?	No	Yes

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 answering the questions below. For questions 1 through 5 below, write in the number you circle for each question in the box labeled "score." When you complete 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.

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

Understanding your score

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 you score is less that 21, you are **less likely to need treatment.**

TOTAL _____

Thank you for trusting Cabell Huntington Hospital with your care. Your nurse will be happy to answer any questions you may have. Please complete the information requested below.

Name:

Telephone:

Primary Care Physician:

*Referral:

**to be completed by your nurse*