

Bladder Health Assessment

To help your physician evaluate your bladder and pelvic health, please put a check mark next to the most appropriate response to each of the questions below. Add up the numbers to the left of the check marks and write the total below.

During the past month:

1. How often have you felt the strong need to urinate with little or no warning?

- 0 ___ Not at all
- 1 ___ Less than 1 time in 5
- 2 ___ Less than half the time
- 3 ___ About half the time
- 4 ___ More than half the time
- 5 ___ Almost always

2. Is needing to urinate with little warning a problem for you?

- 0 ___ No problem
- 1 ___ Very small problem
- 2 ___ Small problem
- 3 ___ Medium problem
- 4 ___ Big problem

3. Is frequent urination during the day a problem for you?

- 0 ___ No problem
- 1 ___ Very small problem
- 2 ___ Small problem
- 3 ___ Medium problem
- 4 ___ Big problem

4. Have you had to urinate less than 2 hours after you finished urinating?

- 0 ___ Not at all
- 1 ___ Less than 1 time in 5
- 2 ___ Less than half the time
- 3 ___ About half the time
- 4 ___ More than half the time
- 5 ___ Almost always

5. How often did you most typically get up at night to urinate?

- 0 ___ None
- 1 ___ Once
- 2 ___ 2 times
- 3 ___ 3 times
- 4 ___ 4 times
- 5 ___ 5 or more times

6. Is getting up at night to urinate a problem for you?

- 0 ___ No problem
- 1 ___ Very small problem
- 2 ___ Small problem
- 3 ___ Medium problem
- 4 ___ Big problem

7. Have you experienced pain or burning in your bladder?

- 0 ___ Not at all
- 2 ___ A few times
- 3 ___ Almost always
- 4 ___ Fairly often
- 5 ___ Usually

8. Is burning, pain, discomfort or pressure in your bladder a problem for you?

- 0 ___ No problem
- 1 ___ Very small problem
- 2 ___ Small problem
- 3 ___ Medium problem
- 4 ___ Big problem

Add the numerical values of the checked entries.

SCORE _____

9. Do you leak urine when you cough, laugh, sneeze, lift heavy objects or during any other activity?

___Y or ___N

10. Do you notice any pressure in your pelvis or bulging from your vagina?

___Y or ___N

*If your score is **10 or more** on questions 1-8 and/or if you answer **yes** to question 9 or 10, talk with your physician about referring you to the Good Samaritan Hospital Women's Center For Bladder & Pelvic Health for further evaluation.*



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