



Stanley Dorfman, M.D.
 Robert Robins, M.D.
 William H. Jewell, Jr., M.D.
 Paul J. Corsi, M.D.
 Patricia Kondratenko, D.O.
 Adam Ziff, D.O.

Bladder Control Questionnaire

Some people are bothered by bladder control symptoms and may not realize that there are treatments available. To help determine if you may have an overactive bladder, answer the following questions and bring the completed form to your next appointment.

Please circle the number that best describes how much you have been bothered by each symptom. Add the numbers and record the score in the box provided.

<i>How bothered have you been by:</i>	Not at all	A little bit	Somewhat	Quite a bit	A great deal	A very great deal
• Frequent urination during the daytime hours?	0	1	2	3	4	5
• An uncomfortable urge to urinate?	0	1	2	3	4	5
• A sudden urge to urinate with little or no warning?	0	1	2	3	4	5
• Accidental loss of small amounts of urine?	0	1	2	3	4	5
• Nighttime urination?	0	1	2	3	4	5
• Waking up at night because you had to urinate?	0	1	2	3	4	5
• An uncontrollable urge to urinate?	0	1	2	3	4	5
• Urine loss associated with a strong desire to urinate?	0	1	2	3	4	5

Please add up your responses to the questions above. (If you are male, add 2 points to your score.)



If your score is eight or greater, you may have an overactive bladder. For more information, please bring this form to your next appointment.