



# Overactive Bladder Questionnaire

The following questionnaire is used to determine if you leak urine, under what circumstances it occurs, and how much it bothers you. Please answer the following questions based on your symptoms over the past four weeks.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date of birth

\_\_\_\_\_  
Age

M    F   Diabetic?    Yes    No

### Daytime Urinary Frequency

- None [0]
- Mild [1]
- Moderate [2]
- Severe [3]

### Sudden Urge to Void Without Warning

- None [0]
- Mild [1]
- Moderate [2]
- Severe [3]

### Uncomfortable Urge to Void

- None [0]
- Mild [1]
- Moderate [2]
- Severe [3]

### Accidental Loss of Urine

- Absent [0]
- Present [1]

### Volume of Urine Loss

- None [0]
- Mild [1]
- Moderate [2]
- Severe [3]

### Is Urine Loss Associated With a Strong Desire to Void?

- No [0]
- Yes [1]

### Is Urine Loss Associated With Exercise or Coughing and Sneezing?

- No [0]
- Yes [1]

### Does the Urge to Urinate Wake You Up?

- No [0]
- Yes [1]

### Nighttime Urinary Frequency

- None [0]
- Mild [1]
- Moderate [2]
- Severe [3]