

Overactive bladder questionnaire

Patient Info / Sticker:

Name –

DOB / hosp No

Question	Response Options	Week 1:	Week 2:	Week 3:	Week 4:
How often are you passing urine during the day?	Score 0: 1-6 times Score 1: 7-8 times Score 2: 9-10 times Score 3: 11-12 Score 4: 13+				
How much does this bother you?	Scale 0 – 10 (where 0 is not at all and 10 is a great deal)				
During the night, how many times do you have to get up to urinate on average?	Score 0: Never Score 1: Once Score 2: Twice Score 3: Three times Score 4: Four or more				
How much does this bother you?	Scale 0 – 10 (where 0 is not at all and 10 is a great deal)				
Do you have to rush to the toilet to urinate?	Score 0: Never Score 1: Occasionally Score 2: Sometimes Score 3: Most of the time Score 4: All of the time				
How much does this bother you?	Scale 0 – 10 (where 0 is not at all and 10 is a great deal)				
Does urine leak before you can get to the toilet?	Score 0: Never Score 1: Occasionally Score 2: Sometimes Score 3: Most of the time Score 4: All of the time				
How much does this bother you?	Scale 0 – 10 (where 0 is not at all and 10 is a great deal)				
Weekly Totals					