

Ladies Only: Bladder Leakage

Name _____ Today's Date _____

			If YES, how much does it bother you?			
			Not At All	Somewhat	Moderately	Greatly
<i>Do you experience, and if so, how much are you bothered by</i>						
1	Frequent urination?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
2	Night time urination?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
3	Urine leakage related to the feeling of urgency?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
4	Urine leakage related to physical activity, coughing or sneezing?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
5	General urine leak not related to urgency or physical activity?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
6	Small amounts of urine leakage (drops)?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
7	Large amounts of urine leakage?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
8	Difficulty emptying your bladder?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
9	Pain or discomfort in the lower abdominal or genital area?	<input type="checkbox"/> Yes <input type="checkbox"/> No				

No = 0, Not at all = 1, Somewhat = 2, Moderately = 3, Greatly = 4

Obtain the mean value of all the answered items then multiply by 25 for the scale score. Missing items are dealt with by using the mean from the answered items only.

SCORE _____