



Saint Luke's Northland
Center for Women's Care
Bladder Health Assessment

- Do you loose urine when you cough, laugh, or sneeze? Yes No Rarely
- Do you loose urine when you exercise or exert yourself? Yes No Rarely
- Do you routinely urinate more than every 2 hours? Yes No
- Do you get up more than twice during the night to urinate? Yes No Rarely
- Do you rush to the toilet to avoid leaking urine? Yes No Rarely
- Do you routinely decrease your fluid intake so as to reduce the risk of leaking urine?
..... Yes No
- Do you still feel like you need to urinate after you go to the bathroom? Yes No Rarely
- Do you experience an inability to urinate when you have the urge to go? Yes No Rarely
- Do you experience pelvic pressure and heaviness? Yes No
- If you are sexually active, do you experience painful intercourse or does the leaking/the fear of leaking
urine effect your sexual relationship? Yes No
- Do you frequently get urinary tract infections? Yes No
- Do you experience pain in the low back, vagina, rectum, tailbone, or lower abdomen?
..... Yes No
- Does it feel like your insides are falling out? Yes No
- Do you experience leaking of urine that impacts your activities? Yes No
- Have you noticed a leakage of urine after childbirth or after an operation, such as a hysterectomy?
..... Yes No
- Have you ever been treated for a bladder problem in the past? Yes No

If you answered “yes” to any of these questions, you may have some degree of urinary incontinence. There are treatments. We will discuss them at your visit.

Patient Label: