

To begin this quiz, please answer the question below:

The questions below ask about how bothered you may be by some bladder symptoms. Some people are bothered by bladder symptoms and may not realize that there are treatments available for their symptoms. Please select the number that best describes how much you have been bothered by each symptom. Add up your numbers you marked for a total score. A **score of 8 or greater** means you may have overactive bladder. Consider **calling the office** to make an appointment.

1. How bothered have you been by frequent urination during the daytime hours?

0  1  2  3  4  5

Never Very much

2. How bothered have you been by an uncomfortable urge to urinate?

0  1  2  3  4  5

Never Very much

3. How bothered have you been by a sudden urge to urinate with little or no warning?

0  1  2  3  4  5

Never Very much

4. How bothered have you been by accidental loss of small amounts of urine?

0  1  2  3  4  5

Never Very much

5. How bothered have you been by nighttime urination?

0  1  2  3  4  5

Never Very much

6. How bothered have you been by waking up at night because you had to urinate?

0  1  2  3  4  5

Never Very much

7. How bothered have you been by an uncontrollable urge to urinate?

0  1  2  3  4  5

Never Very much

8. How bothered have you been by urine loss associated with a strong desire to urinate?

0  1  2  3  4  5

Never Very much