

RESTROOM RECALL

ARE YOU HAPPY WITH YOUR BLADDER?



LET'S FIND OUT.

Take 30 seconds to see if you could feel better.

DEPENDENCY

1. Do you plan your day around washroom accessibility?

YES N/A

BOTHER

2. Do you wish to:

a. Experience **less frequent urges** to urinate?

b. Experience **fewer urine leakages** when you are unable to get to the washroom in time (even if a small amount)?

c. Experience **fewer** episodes of **nightly urination** (nocturia)?

d. Have a day where your **absorbent product** (e.g., undergarments, pads) **stays dry**?

TREATMENT

3. If you have been or are currently treated for overactive bladder (OAB):

a. Are you dissatisfied with your OAB treatment?

b. Do you wish to experience fewer side effects?

c. Have you chosen to discontinue OAB treatment?

IF YOU OR SOMEONE YOU LOVE ANSWERS “YES” TO ONE OR MORE QUESTIONS, BRING THIS SELF-TEST TO YOUR DOCTOR TO GET THE CONVERSATION STARTED OR GOING AGAIN.

There are several treatment possibilities for OAB, including different medications. Talk to your doctor to see if a different option is right for you!