

Symptom checklist



Do you lose urine when you don't want to?

Yes No Not sure

When you need to urinate, is there urgency to do it right away?

Yes No Not sure

Does leakage happen when you laugh, cough, sneeze or lift something heavy?

Yes No Not sure

How long have you been losing urine?

Weeks Months

Years Not sure

Have you ever been diagnosed with a urinary tract infection?

Yes No

Have you ever been diagnosed with an enlarged prostate?

Yes No

Do you experience burning when you urinate?

Yes No Not sure

Do you leak urine on the way to the bathroom?

Yes No Not sure

Do you lose urine in your bed at night?

Yes No Not sure

Do you go to the bathroom frequently to avoid losing urine?

Yes No Not sure

Do you use disposable pads, adult diapers or anything else to absorb urine?

Yes No

Do you dribble after urinating?

Yes No Not sure

Do you have difficulty starting to urinate?

Yes No Not sure

How many times at night do you wake up to go to the bathroom?

0-2 More than 2 times

Is your bowel function normal (i.e. no constipation, diarrhea or pain)?

Yes No Not sure

Are you taking any medications? (Make a list of everything you are taking or bring your pills to your healthcare professional.)

Yes No

Do you avoid certain activities because of your incontinence (such as shopping, golfing or gardening)?

Yes No

Does incontinence affect your willingness or ability to exercise?

Yes No Not sure

Does urine loss interfere with getting a good night's sleep?

Yes No Not sure

Has incontinence affected your personal relationships?

Yes No Not sure