

Overactive Bladder (OAB) Symptom Quiz

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. This quiz is an awareness tool that can help you talk to your doctor about your symptoms. It cannot give you a diagnosis.

Please circle the number that best describes how much you have been bothered by each symptom. Add the numbers together for a total score and record the score in the box provided at the bottom.

How bothered have you been by...	Not at all	A little bit	Some- what	Quite a bit	A great deal	A very great deal
1. Frequent urination during the daytime hours?	0	1	2	3	4	5
2. An uncomfortable urge to urinate?	0	1	2	3	4	5
3. A sudden urge to urinate with little or no warning?	0	1	2	3	4	5
4. Accidental loss of small amounts of urine?	0	1	2	3	4	5
5. Nighttime urination?	0	1	2	3	4	5
6. Waking up at night because you had to urinate?	0	1	2	3	4	5
7. An uncontrollable urge to urinate?	0	1	2	3	4	5
8. Urine loss associated with a strong desire to urinate?	0	1	2	3	4	5

|Are you male?

|If male, add 2 points to your score |

Adapted from Coyne KS, Zyczynski T, Margolis MK, Elinoff V, Roberts RG. Validation of an overactive bladder awareness tool for use in primary settings. *Adv Ther*. 2005;22:381-394.

Please add up your responses to the questions above

Please hand this page to your physician or healthcare professional when you see him/her for your visit.

Note: You may be asked to give a urine sample. Please ask before going to the bathroom.