

STRESS URINARY INCONTINENCE (SUI) PATIENT QUIZ

This standard quiz helps evaluate your level of incontinence and can be a useful tool in discussing your progress with your doctor.

Name: _____

Date: / /

1. Do you ever experience unplanned, sudden urine loss either while sleeping or during the day?
 yes no
2. Do you experience leakage while laughing, sneezing, jumping or performing other movements that put pressure on the bladder?
 yes no
3. Do you have trouble holding urine as you hurry to the bathroom?
 yes no
4. Do you frequently experience a sudden and immediate urge to urinate?
 yes no
5. Have you noticed a change in your frequency of urination?
 yes no
6. Do you visit the bathroom to urinate more than 8 times per day?
 yes no
7. Do you currently wear pads or liners to protect against unplanned leaks?
 yes no
8. When planning a trip, outing or event, does the availability or location of the restroom facilities affect your decision?
 yes no

If you answered “Yes” to two or more of these questions, you should know that there are solutions available for you. Bring the completed quiz with you when you meet with your urologist to discuss your situation or visit www.MensHealthTreatments.com.au

Disclaimer: This questionnaire is meant for informational purposes only and may not be used for self-diagnosis. Please consult your doctor or qualified healthcare provider regarding your condition and appropriate medical treatment.

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