

# V8 OVERACTIVE BLADDER ASSESSMENT QUESTIONNAIRE

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 circle the score 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 boxes provided at the bottom.

## HOW BOTHERED HAVE YOU BEEN BY . . .

	Not at all	A little bit	Somewhat	Quite a bit	A great deal	A very great deal
1. Frequent urination during the day?	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. Being woken 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 urge to urinate?	0	1	2	3	4	5
Are you a male?	If male, <input type="checkbox"/> add <b>2</b> points to your score					
Please add up your responses to the questions above	<input type="text"/> <input type="text"/>					
Please give this page to your doctor when you see him/her for your visit.						

If your score is 8 or more, you may have an Overactive Bladder. There are effective treatments for this condition. You may want to talk with a healthcare professional about your symptoms.