Symptoms - please tick ALL the statements that apply to you

STRESS	I leak when I laugh, cough, sneeze, run or jump	
	I only ever leak a little	
	At night, I only use the toilet once or not at all	
	I always know when I have leaked	
	I leak without feeling the need to empty my bladder	
	Only my underwear gets wet when I leak	
	I leak urine during sexual intercourse	
URGE	I feel the sudden urge to pass urine and have to go quickly	
	I feel a strong uncontrolled need to pass urine prior to leaking	
	I leak moderate amounts before I reach the toilet	
	I feel that I pass urine frequently	
	I get up at night to pass urine at least twice	
	I think I had bladder problems as a child	
OVERFLOW	I find it hard to pass urine	
	I have to push or strain to pass urine	
	My urine flow stops and starts several times	
	My urine stream is weaker than it used to be	
	I feel that it takes me a long time to empty my bladder	
	I feel as if my bladder is not completely empty after I have been to the toilet	
	I leak a few drops of urine on my underwear just after I have passed urine	

Personal assessment (please tick appropriate box(es))

What type of housing do you live in?

House ☐ Flat ☐ Bungalow ☐

Residential Home ☐ Nursing Home ☐

Can you go to the toilet?

Without help ☐ With help ☐

Can you manage clothing?

Without help ☐ With help ☐

Is your laundry done by?

Self ☐ Family ☐ Carer ☐ Launderette ☐

Washing machine ☐ Tumble dryer ☐

Do you?

Live alone ☐ Live with someone ☐

Are you able to?

Go out ☐ Can't go out ☐

What toilet facilities do you have?

Upstairs ☐ Downstairs ☐ Commode ☐

Urinal ☐ Bed pan ☐

Are you?

Fully mobile ☐ Mobile with help ☐

Mobile with zimmer/stick ☐

Are you confined in any way?

To a bed ☐ Chair/wheelchair ☐

Who cares for you?

Self ☐ Family ☐ Carers ☐

Do you have visual or hearing problems?

Visual ☐ Hearing ☐

Do you wear containment products?

Amount per day ☐ Type ☐

NHS
Wirral Community Health and Care
NHS Foundation Trust

Bladder and Bowel Service

Patient Assessment Questionnaire

Please complete all relevant sections and bring this form with you to your appointment

Personal details

Title: (Mr, Mrs, Miss, Ms) _____

Full Name: _____

Address: _____

Postcode _____

Date of birth: _____

Female only section*

Please circle the score most relevant to you.

1. How often do you leak urine?

Never	0	Once a week or less	1
2-3 times a week	2	Once a day	3
Several times a day	4	All the time	5

2. How much urine do you usually leak?

None	0	A small amount	2
A moderate amount	4	A large amount	6

3. How much does leaking urine interfere with your everyday life?

0 = not at all 10 = a great deal

0 1 2 3 4 5 6 7 8 9 10

Add together your scores from questions 1 - 3

Score = ☐ **(0 = min 21 = max)**

4. When does urine leak?

Never	☐	Once a week or less	☐
When I cough/sneeze	☐	Once a day	☐
When I am active or when I exercise	☐	When I have finished urinating and dressed	☐
For no obvious reason	☐	All the time	☐

* ICIQ - UI

Male only section*

Please circle the score most relevant to you.

Over the last month:

1. How often do you have a sensation of not emptying your bladder completely after you finish urinating?

Never	0	Less than 1 time in 5	1
Less than half the time	2	About half the time	3
More than half the time	4	Almost always	5

2. How often do you have to urinate again less than two hours after urinating?

Never	0	Less than 1 time in 5	1
Less than half the time	2	About half the time	3
More than half the time	4	Almost always	5

3. How often do you stop and start again several times when urinating?

Never	0	Less than 1 time in 5	1
Less than half the time	2	About half the time	3
More than half the time	4	Almost always	5

4. How difficult to you find it to postpone urination?

Never	0	Less than 1 time in 5	1
Less than half the time	2	About half the time	3
More than half the time	4	Almost always	5

5. How often do you have a weak urinary stream?

Never	0	Less than 1 time in 5	1
Less than half the time	2	About half the time	3
More than half the time	4	Almost always	5

6. How often do you have to push or strain to begin urination?

Never	0	Less than 1 time in 5	1
Less than half the time	2	About half the time	3
More than half the time	4	Almost always	5

Add together your scores from questions 1 - 6

Score = ☐ * International Prostate Symptom Score IPSS

Quality of life due to urinary symptoms

If you were to spend the rest of your life with your condition the way it is now, how would you feel.

Delighted	Pleased	Satisfied	Mixed	Dissatisfied	Unhappy	Terrible
0	1	2	3	4	5	6

* International Prostate Symptom Score IPSS

Frequency/Volume Chart (please complete this chart for three consecutive days and nights)

Whenever you have a drink or pass urine, write down the amount consumed or passed in the appropriate box
For the amount drank, a mug usually contains 300mls and a tea cup contains 150mls.
Use a measuring jug to record the amount of urine passed.
If you leak urine or have had to change a wet pad, add a tick in the appropriate box.

Time	**Day 1:** Date _____			**Day 2:** Date _____			**Day 3:** Date _____		
	Amount drank & drink type	Volume of urine passed	Leaked urine or pad change	Amount drank & drink type	Volume of urine passed	Leaked urine or pad change	Amount drank & drink type	Volume of urine passed	Leaked urine or pad change
12 am	mls	mls		mls	mls		mls	mls	
1 am	mls	mls		mls	mls		mls	mls	
2 am	mls	mls		mls	mls		mls	mls	
3 am	mls	mls		mls	mls		mls	mls	
4 am	mls	mls		mls	mls		mls	mls	
5 am	mls	mls		mls	mls		mls	mls	
6 am	mls	mls		mls	mls		mls	mls	
7 am	mls	mls		mls	mls		mls	mls	
8 am	mls	mls		mls	mls		mls	mls	
9 am	mls	mls		mls	mls		mls	mls	
10 am	mls	mls		mls	mls		mls	mls	
11 am	mls	mls		mls	mls		mls	mls	
12 noon	mls	mls		mls	mls		mls	mls	
1 pm	mls	mls		mls	mls		mls	mls	
2 pm	mls	mls		mls	mls		mls	mls	
3 pm	mls	mls		mls	mls		mls	mls	
4 pm	mls	mls		mls	mls		mls	mls	
5 pm	mls	mls		mls	mls		mls	mls	
6 pm	mls	mls		mls	mls		mls	mls	
7 pm	mls	mls		mls	mls		mls	mls	
8 pm	mls	mls		mls	mls		mls	mls	
9 pm	mls	mls		mls	mls		mls	mls	
10 pm	mls	mls		mls	mls		mls	mls	
11 pm	mls	mls		mls	mls		mls	mls	

Continence service use only: Patient NHS Number _____