

# Bladder Screening Tool for Men

## A 30 Second Conversation Starter

### Are you bothered by any bladder problems?

Yes

No

### If yes, proceed with the following questions:

1. Do you experience a loss of urine when you are doing physical activities, such as lifting heavy objects or exercising?  
 Yes  No
2. Do you have a slight loss of urine when you sneeze, cough or laugh?  
 Yes  No
3. Do you frequently have strong urges to urinate?  
 Yes  No
4. Do you sometimes not make it to the bathroom?  
 Yes  No
5. How often do you normally need to urinate?  
 Five or less times a day  
 Six or seven times per day  
 Eight or more times per day
6. Is your sleep interrupted two or more times during the night by trips to the bathroom?  
 Yes  No