



Successful Strategies to Support your OAB Patients

Detection • Diagnosis • Treatment • Underlying Causes • Communication • Control • Quality of Life

Bladder Screening Tool

A 30-second conversation starter

During the last 3 months have you leaked urine (even a small amount)?

Yes **No**

If yes, during the last 3 months did you leak urine: (check all that apply)

- When you were performing some physical activity, such as coughing, sneezing, lifting or exercising?
- When you had the urge or feeling that you needed to empty your bladder, but you could not get to the toilet fast enough?
- Without physical activity and without a sense of urgency?

During the last 3 months, when did you leak urine *most often*:
(check only one)

- When you were performing some physical activity, such as coughing, sneezing, lifting or exercising? (stress)
 - When you had the urge or feeling that you needed to empty your bladder, but you could not get to the toilet fast enough? (urge)
 - Without physical activity and without a sense of urgency? (other)
 - About equally as often with physical activity as with a sense of urgency? (mixed)
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