

# Overactive Bladder Assessment Tool

IT'S TIME TO TALK ABOUT OAB



## How do I use this Assessment?

Read this list of questions and answer them based on the last month. Then bring your completed assessment to your health care provider. This assessment and your answers will make it easier for you to start talking about your symptoms. The questions will help measure which Overactive Bladder (OAB) symptoms you have and how much your symptoms bother you. The better your health care provider knows the level and impact of your symptoms, the better he or she can help you manage them.

SYMPTOM QUESTIONS	Not at all	Occasionally	About once a day	About three times a day	About half the time	Almost always	SCORE
1. Urgency – How often do you have a strong, sudden urge to urinate that makes you fear you will leak urine if you can't get to a bathroom immediately?	0*	1	2	3	4	5	
2. Urgency Incontinence – How often do you leak urine after feeling a strong urge to go? (whether you wear pads/protection or not)	0	1	2	3	4	5	
	None	Drops	1 Tea-spoon	1 Table-spoon	¼ cup	Entire bladder	
3. Incontinence – How much urine do you think usually leaks? (whether you wear pads/protection or not)	0	1	2	3	4	5	
	1-6 times	7-8 times	9-10 times	11-12 times	13-14 times	15 or more times	
4. Frequency – How often do you urinate during the day?	0	1	2	3	4	5	
	None	1 time	2 times	3 times	4 times	5 times or more	
5. Waking to urinate – How many times do you usually get up at night to urinate, from when you went to bed until you get up in the morning?	0	1	2	3	4	5	
<b>TOTAL SYMPTOM SCORE</b>	Add score from questions 1+2+3+4+5 =						<input type="text"/>

\*If you score 0 on question 1, you probably don't have OAB.

0 = no symptoms  
5 = most severe symptoms

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Circle the response that best answers each question.

<b>QUALITY OF LIFE QUESTIONS</b> How much does this bother you:	I am not bothered at all					I am bothered a great deal
1b. Urgency – a strong, sudden urge to urinate that makes you fear you will leak urine if you can't get to a bathroom immediately?	0	1	2	3	4	5
2b. Urgency Incontinence – leaking after feeling an urge to go?	0	1	2	3	4	5
3b. Frequency – urinating frequently	0	1	2	3	4	5
4b. Waking from sleep to urinate?	0	1	2	3	4	5
	I would not be bothered at all					I would be bothered a great deal
5b. Overall satisfaction – If you were to spend the rest of your life with your urinary condition the way it is now, how would you feel about that?	0	1	2	3	4	5
6b. How have your symptoms changed your life? – How have your symptoms (urgency, frequency, urine leakage, and waking at night) changed your life? Are your symptoms: (Please check all that apply) <ul style="list-style-type: none"> <li><input type="radio"/> Keeping you from getting a good night's sleep?</li> <li><input type="radio"/> Causing you to stay home more than you would like?</li> <li><input type="radio"/> Keeping you from social activities or entertainment?</li> <li><input type="radio"/> Causing you to exercise less or limit your physical activity?</li> <li><input type="radio"/> Causing problems with friends or loved ones?</li> <li><input type="radio"/> Keeping you from traveling, taking trips, or using public transit?</li> <li><input type="radio"/> Making you plan trips around your knowledge of public restroom location?</li> <li><input type="radio"/> Causing problems at work?</li> <li><input type="radio"/> Other ways your symptoms have changed your life:</li> </ul> <hr/> <hr/>						

Score the "bother" questions (1b, 2b, 3b, 4b, 5b & 6b) separately. Do not add them together.

Even if you have mild symptoms, you and your health care provider should discuss available treatment options.

## How do I score my results?

**For “Symptom Questions” (1 through 5):**

Add 1 + 2 + 3 + 4 + 5 to get a score from 0 (no symptoms) to 25 (most severe symptoms).

**For “Quality of Life” Questions (1b, 2b, 3b, 4b, 5b, & 6b):**

DO NOT add your “Quality of Life” scores together. Each “Quality of Life” question is scored separately.

## What my total “Symptom” score means:

The higher your score for questions 1-5 is, the more severe your OAB symptoms are. However, if your score for question 1 is 0, then you do not have the major symptom of Overactive Bladder – strong sudden urges to urinate that you cannot ignore. The answers to the “Symptom” questions can help you and your health care provider understand which of your OAB symptoms are most severe.

## What my “Quality of Life” results mean:

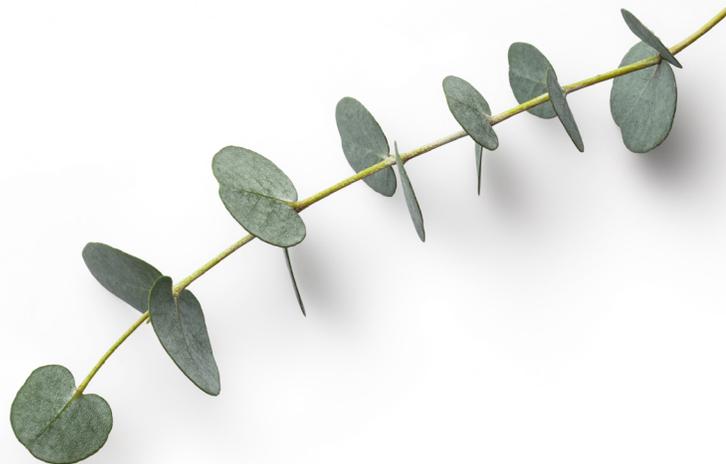
Questions 1b, 2b, 3b, 4b, 5b, & 6b on this assessment help show how your symptoms impact your life. This will help you start a discussion with your health care provider about your symptoms. Seeing how much your symptoms have changed your life can help your health care provider decide what treatment choices are best for you. Even if you have mild symptoms, you and your health care provider should discuss what treatment options are available to you.

## What if I have other symptoms?

Please let your health care provider know about any other symptoms you may have. (For example, do you have urine leakage when sneezing or exercising? Do you have bladder pain? Do you have to strain to begin urinating?) This will help your health care provider figure out if your symptoms could be caused by something other than OAB. It will also help him/her to offer the treatment choices that are best for you.

## Where can I find a health care professional?

If you need a health care professional, visit [UrologyHealth.org/FindAUrologist](https://UrologyHealth.org/FindAUrologist) to find a urologist near you. Choose “incontinence” as a “special interest area” to find urologists who said they treat patients who leak urine or have OAB.



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ABOUT OAB

## About the Urology Care Foundation

The Urology Care Foundation is the world's leading urologic foundation – and the official foundation of the American Urological Association. We provide information for those actively managing their urologic health and those ready to make health changes. Our information is based on the American Urological Association resources and is reviewed by medical experts.

To learn more, visit the Urology Care Foundation's website, [UrologyHealth.org/UrologicConditions](http://UrologyHealth.org/UrologicConditions) or go to [UrologyHealth.org/FindAUrologist](http://UrologyHealth.org/FindAUrologist) to find a doctor near you.

### Disclaimer:

This information is not a tool for self-diagnosis or a substitute for professional medical advice. It is not to be used or relied on for that purpose. Please talk to your urologist or health care provider about your health concerns. Always consult a health care provider before you start or stop any treatments, including medications.

For copies of printed materials about OAB and other urologic conditions, visit [UrologyHealth.org/Order](http://UrologyHealth.org/Order) or call 800-828-7866.



It's About Time.  
*It's about you*



[ItsTimeToTalkAboutOAB.org](http://ItsTimeToTalkAboutOAB.org)

Patient resources provided through the generous support of



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