

The OAB Clinic

Erlanger East

OVERACTIVE BLADDER QUESTIONNAIRE

Statement	Never	A little	Somewhat	Quite a bit	A great deal	A very great deal
During the past 4 weeks, how bothered were you by...						
An uncomfortable urge to urinate?	1	2	3	4	5	6
A sudden urge to urinate with little or no warning?	1	2	3	4	5	6
Accidental loss of small amounts of urine?	1	2	3	4	5	6
Nighttime urination?	1	2	3	4	5	6
Waking up at night because you had to urinate?	1	2	3	4	5	6
Urine loss associated with a strong desire to urinate?	1	2	3	4	5	6
Statement	Never	A little of the time	Some of the time	A good bit of the time	Most of the time	All of the time
During the past 4 weeks, how often have your bladder symptoms...						
Caused you to plan "escape routes" to restrooms in public places?	1	2	3	4	5	6
Made you feel like there is something wrong with you?	1	2	3	4	5	6
Interfered with your ability to get a good night's rest?	1	2	3	4	5	6
Caused you to decrease your physical activities (exercising, sports, etc.)?	1	2	3	4	5	6
Made you avoid activities away from restrooms (walks, running, hiking)?	1	2	3	4	5	6
Made you frustrated about the amount of time you spend in the restroom?	1	2	3	4	5	6
Awakened you during sleep?	1	2	3	4	5	6
Made you uncomfortable while traveling with others because of needing to stop?	1	2	3	4	5	6
Affected your relationships with family and friends?	1	2	3	4	5	6
Caused you embarrassment?	1	2	3	4	5	6
Interfered with getting the amount of sleep you needed?	1	2	3	4	5	6
Caused you to have problems with your partner or spouse?	1	2	3	4	5	6
Caused you to locate the closest restroom as soon as you arrive at a place you have never been?	1	2	3	4	5	6