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(worry free)



Stress Urinary Incontinence

QUESTIONNAIRE

If you answer yes to any one of the following questions, you may be suffering from stress urinary incontinence:

Do you experience urine leakage when you sneeze, cough, laugh, or simply change position? Yes No

Have you noticed small amounts of leakage following the birth of your child? Yes No

Have you altered your lifestyle because of urine leakage? Yes No

Do you avoid long shopping trips, visiting with friends, or running normal errands for fear of an unexpected episode of urine leakage? Yes No

Are you tired of the cost and inconvenience of absorbent pads? Yes No

After you have completed this patient questionnaire, please present this to your physician and ask him/her to discuss your treatment options.