

NAME: .....

NHS No:

Hosp No:

D.O.B:  Male ☐ Female ☐

**Please read through all statements before  
ticking those most relevant to you.  
Feel free to add comments.**

**PATIENT PROFILE NO.1**

I leak when I laugh, cough, sneeze, run or jump

☐

I only ever leak a little urine

☐

At night, I only use the toilet once or not at all

☐

I always know when I have leaked

☐

I leak without feeling the need to empty my bladder

☐

Only my pants get wet when I leak (not out clothing) or I sometimes wear a panty liner

☐

**PATIENT PROFILE NO.2**

I feel a sudden strong urge to pass urine and have to go quickly

☐

I feel a strong uncontrolled need to pass urine prior to leaking

☐

I leak moderate or large amounts of urine before I reach the toilet

☐

I feel that I pass urine frequently

☐

I get up at night to pass urine at least twice

☐

I think I had bladder problems as a child

☐

**PATIENT PROFILE NO.3**

I find it hard to start to pass urine

☐

I have to push or strain to pass urine

☐

My urine flow stops and starts several times

☐

My urine stream is weaker and slower than it used to be

☐

I feel that it takes me a long time to empty my bladder

☐

I feel as if my bladder is not completely empty after I have been to the toilet

☐

I leak a few drops of urine onto my underwear just after I have passed urine

☐

**PLEASE FILE IN INPATIENT SECTION OF PATIENT NOTES**