

Stress Urinary Incontinence (SUI) Quiz¹

Discuss your answers with your doctor

Name: _____

Date: _____

1. Do you ever experience unplanned, sudden urine loss either while sleeping or during the day?

YES

NO

2. Do you experience leakage while laughing, sneezing, jumping or performing other movements that put pressure on the bladder?

YES

NO

3. Do you have trouble holding urine as you hurry to the bathroom?

YES

NO

4. Do you frequently experience a sudden and immediate urge to urinate?

YES

NO

5. Have you noticed a change in your frequency of urination?

YES

NO

6. Do you visit the bathroom to urinate more than 8 times per day?

YES

NO

7. Do you currently wear pads or liners to protect against unplanned leaks?

YES

NO

8. When planning a trip, outing or event, does the availability or location of the restroom facilities affect your decision?

YES

NO

***Bring this to your next appointment for a valuable discussion with your doctor
or visit www.ProstateHelp.com.au***
