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BLADDER HEALTH QUIZ

1. Do you urinate more than every two hours in the daytime? Y / N
2. Do you urinate more than once after going to bed? Y / N
3. Do you have trouble making it to the toilet on time when you have an urge to go? Y / N
4. Do you strain to pass urine? Y / N
5. Do you rush to go to the toilet to empty your bladder? Y / N
6. Are you unable to stop the flow of urine when on the toilet? Y / N
7. Do you have an urge to go but when you get to the toilet very little urine comes out? Y / N
8. Do you lack the feeling that you need to go to the toilet? Y / N
9. Do you empty your bladder frequently, before you experience the urge to pass urine? Y / N
10. Do you have the feeling your bladder is still full after urinating? Y / N
11. Do you experience slow or hesitant urinary stream? Y / N
12. Do you have difficulty initiating the urine stream? Y / N
13. Do you have "triggers" that make you feel like you can't wait to go to the toilet? (running water, key in the door) Y / N
14. Rate the following statement as it applies to you today.
My bladder is controlling my life. 0= not at all true 10 = completely true

0 1 2 3 4 5 6 7 8 9 10

If you answer yes to any of these questions you could benefit from conservative treatment for your bladder. Talk to your health care provider for a referral.