

# MS bladder check

To identify any bladder-related symptoms, please answer these questions by marking the answers which describe your situation best. There are no right or wrong answers and if in doubt, please mark your answer as "Don't know":

		Yes	No	Don't know or not relevant	
1	Does the number of times you urinate per day impact your daily life?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	On a typical night, do you have to get up more than once to urinate?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Do you often experience feeling the urge to rush to the toilet to urinate?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Have you experienced urinary leakage within the past six months due to an urgent need to urinate?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Do you experience urinary leakage during any kind of physical effort (eg. walking, coughing, sneezing or standing)?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Do you have difficulties starting to pass urine?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Do you experience weak stream when passing urine?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Do you experience having to pass urine again shortly after you have urinated, i.e., "double voiding"?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Have you received any antibiotics for a bladder infection within the past six months?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you answered yes to any of the above questions and feel it affects your life, you should consider discussing your bladder symptoms with your doctor or nurse to receive help with treating the symptoms.