

Take the Incontinence Quiz

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 your 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 restroom facilities affect your decision? Yes No

If you answered “Yes” to two or more of these questions, you may be a candidate for a minimally invasive incontinence procedure. Please submit this quiz to your healthcare professional to aid in discussing urinary stress incontinence and the treatment options available.

600527-01A (01/09)