

“We Care Questionnaire”

Name: _____ Date of Birth: ____/____/____ Today's Date: ____/____/____

Doctor: _____ Insurance Company: _____

1. Over the past month, have you leaked urine (even small drops) or wet yourself when you:
Cough, Sneeze, Change Position, Walk quickly or Exercise.....

2. Have a sudden strong urge to rush to the restroom or when you are undressing to go to the restroom.....

Not at all	1-2 times a Month	1 time a week	3-4 times a week	5-6 days a week	Every day	Your Score
0	1	2	3	4	5	<u>STRESS</u>
0	1	2	3	4	5	<u>URGENCY</u>

•How many times do you wake at night to void? _____

•Would you be interested in learning more about a cure from leaking ***WITHOUT*** medicine or surgery? ☐Yes ☐No



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