This questionnaire must be completed on a computer. Please click “enable editing” at the top of the document to fill it out. Read each question carefully and select the option (using the drop-down arrow) that bests describe your symptoms. Save the changes to the document and send it back to christina@knewlifepelvichealing.com . All answers will be kept confidential!

**Urinary Symptom Profile**

You may sometimes experience urine leaks during physical effort. This effort could be strenuous (such as doing sport or having a violent coughing fit), moderate (climbing or coming down the stairs) or even light (walking or changing position).

**1. Over the past 4 weeks, please specify the number of times a week you have had leaks during physical effort.**

1a. During **strenuous** physical effort:

Choose an item.

1b. During **moderate** physical effort:

Choose an item.

1c. During **light** physical effort:

Choose an item.

**2. How many times a week have you had to rush to the toilet to urinate because you urgently needed to go?**

Choose an item.

**3. When you have had an urgent need to urinate, for how many minutes on average have you been able to hold on?**

Choose an item.

**4. How many times a week have you experienced a urine leak preceded by an urgent need to urinate that you were unable to control?**

Choose an item.

4a. In the above case, what kind of leaks did you have?

Choose an item.

**5. During the day, in general, how long elapsed between urinating?**

Choose an item.

**6. How many times on average have you been WOKEN UP during the night by a NEED to urinate?**

Choose an item.

**7. How many times a week have you had a urine leak while asleep or have you woken up wet?**

Choose an item.

**8. How would you describe your usual urination over these past 4 weeks?**

Choose an item.

**9. In general, how would you describe your urine flow?**

Choose an item.

**10. In general, how has your urination been?**

Choose an item.

**11. How many pads do you use a day (if you are using them)?**