

Take the Incontinence Quiz

1. Do you ever experience unplanned, sudden urine loss either while sleeping or during the day?

(a) Yes (b) No

2. Do you experience leakage while laughing, sneezing, jumping or performing other movements that put pressure on the bladder?

(a) Yes (b) No

3. Do you have trouble holding your urine as you hurry to the bathroom?

(a) Yes (b) No

4. Do you frequently experience a sudden and immediate urge to urinate?

(a) Yes (b) No

5. Have you noticed a change in your frequency of urination?

(a) Yes (b) No

6. Do you visit the bathroom to urinate more than 8 times per day?

(a) Yes (b) No

7. Do you currently wear pads or liners to protect against unplanned leaks?

(a) Yes (b) No

8. When planning a trip, outing or event, does the availability or location of restroom facilities affect your decision?

(a) Yes (b) No

If you answered “yes” to two or more of these questions, there are treatments options available that can help you.