Incontinence Questionnaire

Today's date: _____

Patient name: _____ **Sex:**_____ **Date of birth** (mm/dd/yyyy)**:**_____

Address: _____ **City:**_____ **State:**_____ **Zip:**_____

Part 1. Initial Evaluation: answer the questions in this shaded area the first time you discuss incontinence (urine leaking) with your doctor.

During the last 3 months, did you leak urine... *(check all that apply)*

- ❑ a. When you were doing some physical activity, like coughing, sneezing, lifting, or exercising?
- ❑ b. When you had the urge or feeling that you needed to empty your bladder — but you couldn't get to the toilet fast enough?
- ❑ c. Without physical activity and without a sense of urgency?

During the last 3 months, did you leak urine *most often...* *(check only one)*

- ❑ a. When you were doing some physical activity, like coughing, sneezing, lifting, or exercising?
- ❑ b. When you had the urge or feeling that you needed to empty your bladder — but you couldn't get to the toilet fast enough?
- ❑ c. Without physical activity and without a sense of urgency?
- ❑ d. About equally as often with physical activity as with a sense of urgency?

Part 2. Ongoing Evaluation: answer the questions below every time you discuss urinary incontinence with your doctor.
For each question, please **circle the response** that best describes your situation. Add any **comments** in the box below.

How much has urine leakage affected your....

...ability to do household chores (cooking, housecleaning, laundry)?

not at all slightly moderately greatly

...physical recreation such as walking, swimming, or other exercise?

not at all slightly moderately greatly

...entertainment activities (movies, concerts, etc.)?

not at all slightly moderately greatly

...ability to travel by car or bus more than 30 minutes from home?

not at all slightly moderately greatly

...participation in social activities outside your home?

not at all slightly moderately greatly

...emotional health (nervousness, depression, etc.)?

not at all slightly moderately greatly

Does leakage have you feeling frustrated?

not at all slightly moderately greatly

Please add any comments below

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INCONTINENCE QUESTIONNAIRE

SOURCES: This questionnaire is adapted with permission from two sources: Brown JS, Bradley CS, Subak LL, et al; Diagnostic Aspects of Incontinence Study (DAISy) Research Group. The sensitivity and specificity of a simple test to distinguish between urge and stress urinary incontinence. Ann intern Med. 2006;144(10):715-723. Uebersax, J.S., Wyman, J. F., Shumaker, S. A., McClish, D. K., Fantl, J. A., & the Continence Program for Women Research Group. (1995).

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