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