

INCONTINENCE QUESTIONNAIRE

1. Do you ever leak urine or lose control of urination?

2. If you lose control, do you know it happens or do you just find yourself wet?

Know when it happens Find myself wet

3. How often do you lose control and wet yourself or your pads when you cough or sneeze?

Never Few times/year Few times/month Few times/week Daily

4. How often do you lose control and wet yourself or your pads when you engage in physical activity (running, jumping, lifting, sports) ?

Never Few times/year Few times/month Few times/week Daily

5. How often do you lose control and wet yourself or your pads when you raise yourself from a sitting to standing position?

Never Few times/year Few times/month Few times/week Daily

6. How often do you wear pads or other protection because of wetting?

Never Few times/year Few times/month Few times/week Daily

7. On an average day how many pads do you wear a day?

8. On average, how wet are the pads when you change them?

Dry Moist Damp Wet Soaked

9. How often do you involuntarily lose control of urination and wet yourself due a strong urge that you can't stop?

Never Few times/year Few times/month Few times/week Daily

10. On a scale of 0-10 (0 is not at all, 10 is intolerable), how badly does the incontinence currently bother you? 1 2 3 4 5 6 7 8 9 10

11. How often must you push or strain to start urination?

Never Few times/year Few times/month Few times/week Daily

12. How would you describe your usual force of the stream?

Strong Not as strong as it used to be Weak Interrupted Dribbling

*(Questionnaire copied from The Urology Clinics of North America)