Urinary Incontinence Questionnaire

1. How often does urine leak for no obvious reason when you are awake?
   0. Never
   1. Once or less per week
   2. More than once a week
   3. Once daily
   4. Several times daily
   5. Continuously

2. How much urine usually leaks for no obvious reason when you are awake?
   0. Never
   1. A few drops
   2. Enough to make underpants/pads wet
   3. Enough to wet outer clothing
   4. Urine runs down legs onto the floor

3. How often does urine leak when you are asleep?
   0. Never
   1. Once or less per week
   2. More than once a week
   3. Once daily
   4. Several times daily
   5. Continuously

4. How much urine leaks when you are sleeping?
   0. None
   1. A few drops
   2. Enough to make underpants/pads wet
   3. Enough to wet outer clothing
   4. Urine soaks the bed

5. How often do you leak urine after you thought you had finished urinating?
   0. Never
   1. Once or less per week
   2. More than once a week
   3. Once daily
   4. Several times daily
   5. Continuously

6. How much urine leaks after you thought you had finished urinating?
   0. None
   1. A few drops
   2. Enough to make underpants/pads wet
   3. Enough to wet outer clothing
   4. Urine runs down legs onto the floor

7. How often does urine leak before you can get to the toilet?
   0. Never
   1. Once or less per week
   2. More than once a week
   3. Once daily
   4. Several times daily
   5. Continuously
8. How much urine leaks before you can get to the toilet
   0. None
   1. A few drops
   2. Enough to make underpants/pads wet
   3. Enough to wet outer clothing
   4. Urine runs down legs onto the floor

9. How often does urine leak when you are physical active, including coughing or sneezing?
   0. Never
   1. Once or less per week
   2. More than once a week
   3. Once daily
   4. Several times daily
   5. Continuously

10. Describe the level of activity that causes urinary leakage?
    0. Does not occur
    1. Vigorous activity, such as running, exercises, coughing or sneezing
    2. Moderate activity, such as household chores or lifting
    3. Light activity, such as walking, bending, or rising
    4. Leakage can happen even without activity

11. How much urine usually leaks when you are physically active or coughing or sneezing?
    0. None
    1. A few drops
    2. Enough to make underpants/pads wet
    3. Enough to wet outer clothing
    4. Urine runs down legs onto the floor

12. What type of protection do you use for your urine leakage?
    0. None
    1. Underpants liners or mini-pads
    2. Maxi-pads
    3. Incontinence pads
    4. Incontinence briefs

13. Select the number of protective garments for urinary leakage you use per day.
    0. 0
    1. 1
    2. 2
    3. 3
    4. 4
    5. ≥ 5

14. Overall how much does leaking urine interfere with your life?
    0. It does not interfere with my life
    1. Minor inconvenience
    2. Slight Problem
    3. Moderate problem
    4. Major problem
15. To what extent do you feel your sex life has been affected by urine leakage?
   0. It has not affected my sex life
   1. A little
   2. Somewhat
   3. A great deal

16. Describe the level of confidence in your ability to control your urine leakage problem
   0. Complete confidence
   1. Moderate confidence
   2. Little confidence
   3. No confidence

17. How well do you control your urine leakage? (0 being “no control” and 10 being “full control”)?
   0. 10 (full control)
   1.
   2.
   3.
   4.
   5.
   6.
   7.
   8.
   9.
   10. 0 (no control)

18. What is the frequency of your daytime urination?
   0. 1-4 times daily
   1. 5-8 times daily
   2. 9-12 times daily
   3. > 13 times daily

19. How often do you urinate at night?
   0. I do not urinate at night
   1. 1 time per night
   2. 2 times per night
   3. 3 times per night
   4. > 4 times per night

20. How long can you delay urination from the first time you feel the urge?
   0. 1 or more hours
   1. 30 minutes
   2. 15 minutes
   3. Less than 10 minutes
   4. 1-2 minutes
   5. I cannot delay urination

21. After starting to urinate, can you:
   0. Stop urine flow completely
   1. Partially deflect or change the urine stream
   2. Unable to deflect, change or slow urine stream

For Staff Use

Total: _____ /91
Percent limited: _____ %