

Urinary Incontinence Patient Questionnaire CONFIDENTIAL	Name Date Of Birth: Address: Male / Female
--	---

Today's Date (dd/mm/yyyy):

Many people leak urine some of the time. We are trying to find out how many people leak urine and how much they bother them.

We would be grateful if you could answer the following questions, thinking about how you have been, on average, **over the past four weeks**.

1. How often do you leak urine?

never	<input type="checkbox"/>	0
about once a week or less often	<input type="checkbox"/>	1
two or three times a week	<input type="checkbox"/>	2
about once a day	<input type="checkbox"/>	3
several times a day	<input type="checkbox"/>	4
all the time	<input type="checkbox"/>	5

2. We would like to know how much urine **you think** leaks.

How much urine do you **usually** leak (whether you wear protection or not)?

none	<input type="checkbox"/>	0
a small amount	<input type="checkbox"/>	2
a moderate amount	<input type="checkbox"/>	4
a large amount	<input type="checkbox"/>	6

3. Overall how much does leaking urine interfere with your everyday life? Please circle the number below that applies to you.

0	1	2	3	4	5	6	7	8	9	10	
Not at all											A great deal

For office use:		
ICIQ – UI Total Score:	(Sum scores 1 + 2 + 3)	Score 0 (min) – 21 (max)

4. When does urine leak? (please tick all that apply to you)

never – urine does not leak	<input type="checkbox"/>
leaks before you can get to the toilet	<input type="checkbox"/>
leaks when you cough or sneeze	<input type="checkbox"/>
leaks when you are asleep	<input type="checkbox"/>
leaks when you are physically active/exercising	<input type="checkbox"/>
leaks when you have finished urinating and are dressed	<input type="checkbox"/>
leaks for no obvious reason	<input type="checkbox"/>
leaks all the time	<input type="checkbox"/>

Thank you for completing this questionnaire.