

Patient Information

Patient Name: _____ DOB: _____

Incontinence Questionnaire

1. Approximately how often do you urinate during the day?
 - a. every half hour or less
 - b. every hour
 - c. every two hours
 - d. every three hours or more

2. On average, what is the longest time you go without urinating during the day?
 - a. an hour
 - b. two hours
 - c. three hours
 - d. four hours
 - e. more than five hours

3. If you cannot postpone urination, please state why. (Check both if applicable)
 - a. pain
 - b. fear of leaking
 - c. pain and a fear of leaking
 - d. not applicable

4. On average, how often do you urinate at night?
 - a. never
 - b. once a night
 - c. 2-3 times a night
 - d. 4 or more times a night

5. On average, how many hours do you sleep per night?
 - a. less than 4 hours
 - b. 4-6 hours
 - c. 6-8 hours
 - d. 8-10 hours
 - e. greater than 10 hours

6. When you need to urinate, how often is there a sense of urgency (you might lose control and wet yourself)?
 - a. never
 - b. on most days
 - c. a few times a week
 - d. a few times a month

7. How often does it happen during the day that you lose urine accidentally?
 - a. 1-2 times a day
 - b. 3-5 times a day
 - c. over 5 times a day
 - d. 1-2 times a week
 - e. 1-2 times a month
 - f. never

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8. How often do you lose control of urination and wet yourself because you get a sudden urge to urinate (urge incontinence)?
- a. never or rarely
 - b. sometimes but not everyday
 - c. on most days
 - d. 1-2 times daily
 - e. 3-4 times a day
 - f. 5-6 times a day
 - g. more than 6 times a day
9. How often do you find yourself or your pads wet without any awareness of how or when it happened?
- a. never or rarely
 - b. sometimes but not every day
 - c. on most days
 - d. 1-2 times a day
 - e. 3-4 times a day
 - f. 5-6 times a day
 - g. more than 6 times a day
10. Do you leak during any of the following activities? (Check all that apply)
- a. not applicable
 - b. lifting
 - c. jumping
 - d. sneezing
 - e. walking
 - f. running
 - g. coughing
 - h. dancing
 - i. laughing
 - j. sports
 - k. going from a sitting position to standing
11. Do you wear pads for protection against accidentally urine loss?
- a. yes
 - b. no
12. Please indicate number of pads used on an average day and how wet the pads are whn you changed them.
- | | |
|---------------------|-----------|
| Number: | How Wet: |
| a. 1-3 pads | a. damp |
| b. 4-7 pads | b. moist |
| c. more than 7 pads | c. wet |
| | d. soaked |
13. How do you start you urinary system?
- a. easily
 - b. have to puch or strain
 - c. some delay before stream starts
 - d. cannot start stream at will

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14. How would you describe you urine system?
- a. very weak
 - b. dribbling
 - c. strong
 - d. not as strong as it used to be
 - e. intermittent (stops and starts)
15. After you urinate, do you feel that you still have urine left in your bladder?
- a. yes
 - b. no
16. Do you have any other bladder problems?
- a. yes
 - b. no
17. What is your primary complaint?
- a. frequency
 - b. night urination
 - c. urgency
 - d. urge incontinence
 - e. stress incontinence
 - f. loss of urinary control
18. What is your secondary complaint?
- a. frequency
 - b. night urination
 - c. urgency
 - d. urge incontinence
 - e. stress incontinence
 - f. loss of urinary control