

CIRCLE STATEMENTS RELEVANT TO YOU:

1. I worry about wetting myself.
2. I feel embarrassed talking about incontinence with others.
3. I have to watch how much I drink because of my incontinence.
4. I worry about coughing or sneezing because of my incontinence.
5. I have to be careful standing up after I've been sitting down because of my incontinence.
6. I worry about where toilets are in new places.
7. I feel depressed because of my incontinence.
8. Because of my incontinence, I do not feel free to leave my home for long periods of time.
9. Having incontinence hurts my self-esteem.
10. I feel frustrated because my incontinence prevents me from doing what I want.
11. I worry about others smelling urine on me.
12. Incontinence is always on my mind.
13. It is important for me to make frequent trips to the toilet.
14. I avoid laughing because of my incontinence.
15. I feel ashamed because of my incontinence.
16. Because of my incontinence, it is important to plan every detail of my day in advance.
17. I worry about my incontinence getting worse as I grow older.
18. I have a hard time getting a good night sleep because of my incontinence.
19. I worry about being embarrassed or humiliated because of my incontinence.
20. I avoid hugging others because of my incontinence.
21. My incontinence makes me feel like I am not a healthy person.
22. My incontinence makes me feel helpless.
23. I get less enjoyment out of life because of my incontinence.
24. I worry about not being able to get to the toilet on time.
25. I feel like I have no control over my bladder.
26. My incontinence limits my choice of clothing.
27. I worry about having sex because of my incontinence.

If you were to spend the rest of your life with your urinary condition just the way it is now, how would you feel about that?

1-Completely satisfied

2-Mostly satisfied

3-Mixed feelings: about equally satisfied and dissatisfied

4-Mostly dissatisfied

5-Unhappy

6-Completely miserable

URINARY INCONTINENCE QUESTIONNAIRE

Please check () the appropriate box:

1. During the last 12 months, have you had urine loss beyond your control? () Yes () No
(If you answered "No" to Question 1, skip questions 2 through 25 and go to Question 26.)
2. How long ago did your urine loss start?
____years ____months ____days
3. When does the urine loss generally occur?
() daytime only () nighttime only () daytime and nighttime
4. Some people receive very little warning and suddenly find that they are losing or are about to lose urine beyond their control. How often does this happen to you?
() Often () Sometimes () Rarely () Never
5. If you cannot find a toilet or find the toilet is occupied, and you have an urge to urinate, how often do you end up losing urine and wetting yourself?
() Often () Sometimes () Rarely () Never
6. Do you lose urine when you suddenly have the feeling that your bladder is very full?
() Often () Sometimes () Rarely () Never
7. Does washing your hands cause you to lose urine?
() Often () Sometimes () Rarely () Never
8. Does cold weather cause you to lose urine?
() Often () Sometimes () Rarely () Never
9. Does drinking cold beverages cause you to lose urine?
() Often () Sometimes () Rarely () Never
10. Does coughing gently cause you to lose urine?
() Often () Sometimes () Rarely () Never
11. Does coughing hard cause you to lose urine?
() Often () Sometimes () Rarely () Never
12. Does sneezing cause you to lose urine?
() Often () Sometimes () Rarely () Never
13. Does lifting things cause you to lose urine?
() Often () Sometimes () Rarely () Never
14. Does bending over cause you to lose urine?
() Often () Sometimes () Rarely () Never
15. Does laughing cause you to lose urine?
() Often () Sometimes () Rarely () Never
16. Does walking briskly or jogging cause you to lose urine?
() Often () Sometimes () Rarely () Never

17. Does straining, if you are constipated, cause you to lose urine?
 Often Sometimes Rarely Never
18. Have you lost urine while at rest and without urgency or warning?
 Often Sometimes Rarely Never
19. Do you constantly and uncontrollably dribble or leak urine throughout the day?
 Often Sometimes Rarely Never
20. Do you use anything for protection against leaked urine?
 Yes (go to the next question)
 No (skip the next question and go to question 22)
21. What type of protection do you use? (please check every one that applies)
 Sanitary pads
 Pads like those placed on furniture (for example, blue pads)
 Adult wetness control garments (for example, Depends or Dependos)
 Toilet paper or facial tissues
 Something else (please list) _____
22. While awake, when you are having urine loss problems, how much urine would you say you lose without control each time?
 a few drops to less than ½ teaspoon
 ½ teaspoon to less than 1 tablespoon
 2 tablespoons to less than ¼ cup
 ¼ cup or more
23. During the course of an entire day (24 hours) in total, how much urine would you say that you lose without control when you are having problems?
 less than ½ teaspoon
 ½ teaspoon to less than 1 tablespoon
 1 tablespoon to less than ¼ cup
 ¼ cup or more
24. When you lose urine, does it usually:
 Just create some moisture
 Wet your underwear
 Trickle down your thigh
 Wet the floor
25. Generally, how many times do you usually urinate from the time you wake up to the time before you go to bed?
_____ times
26. Generally, how many times do you usually urinate after you have gone to sleep at night?
_____ times