### URINARY INCONTINENCE QUESTIONNAIRE

**Instructions to patient:** Considering your symptoms over the last 3 months please answer each question below by checking the best response.

#### 1. Frequency of urine leak
- 0 □ Less than once per week
- 1 □ More than once a week
- 2 □ More than once every day
- 3 □ More than twice per day
- 4 □ Always wet

#### 2. Amount of urine leak
- 1 □ Few drops – slight dampness
- 2 □ Less than a teaspoonful – definitely damp
- 3 □ More than a tablespoon – wet
- 4 □ Large volumes – soaking

#### 3. Protection and changes
- 0 □ No pads or protection and no change of undergarments all day
- 1 □ Pads only if have a cold or going out
- 2 □ Pads or protection every day, changing once per day
- 3 □ Pads or protection every day, changing twice per day
- 4 □ Pads or protection every day, changing three or more times per day
- 5 □ Large pads (e.g., diapers or Attends)

#### 4. Activities or stress
- 0 □ No leak with vigorous activity
- 1 □ Only leak with vigorous exercise
- 2 □ Leak with cough, laugh, sneeze
- 3 □ Leak with fast walk or running
- 4 □ Leak walking on flat ground or getting up from sitting
- 5 □ Leak with slightest movement, even in bed

#### 5. Urge
- Do you have a strong urge to pass urine with a full bladder? □ Yes □ No
- If yes, do you lose urine before reaching the toilet?
- 0 □ Never
- 1 □ Occasionally
- 2 □ Usually
- 3 □ Always

**Clinic use only:** Wetness = □ SI = □ Urge = □ Total = □

**www.sasksurgery.ca/patient/pelvicfloor.html**
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