

# Saskatchewan Pelvic Floor Pathway

Addressograph

## 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 <input type="checkbox"/> Less than once per week | 2 <input type="checkbox"/> More than once every day |
| 1 <input type="checkbox"/> More than once a week   | 3 <input type="checkbox"/> More than twice per day  |
|  | 4 <input type="checkbox"/> Always wet               |

### 2. Amount of urine leak

- |  |   |
|--|---|
| 1 <input type="checkbox"/> Few drops – slight dampness               | 3 <input type="checkbox"/> More than a tablespoon – wet |
| 2 <input type="checkbox"/> Less than a teaspoonful – definitely damp | 4 <input type="checkbox"/> Large volumes – soaking      |

### 3. Protection and changes

- |   |   |
|---|---|
| 0 <input type="checkbox"/> No pads or protection and no change of undergarments all day | 3 <input type="checkbox"/> Pads or protection every day, changing twice per day               |
| 1 <input type="checkbox"/> Pads only if have a cold or going out                        | 4 <input type="checkbox"/> Pads or protection every day, changing three or more times per day |
| 2 <input type="checkbox"/> Pads or protection every day, changing once per day          | 5 <input type="checkbox"/> Large pads (eg diapers or Attends)                                 |

### 4. Activities or stress

- |   |   |
|---|---|
| 0 <input type="checkbox"/> No leak with vigorous activity   | 4 <input type="checkbox"/> Leak walking on flat ground or getting up from sitting |
| 1 <input type="checkbox"/> Only leak with vigorous exercise | 5 <input type="checkbox"/> Leak with slightest movement, even in bed              |
| 2 <input type="checkbox"/> Leak with cough, laugh, sneeze   | <input type="checkbox"/> Leak with intercourse                                    |
| 3 <input type="checkbox"/> Leak with fast walk or running   |   |

### 5. Urge

- |  |   |
|--|---|
| Do you have a strong urge to pass urine with a full bladder? | If yes, do you lose urine before reaching the toilet? |
| <input type="checkbox"/> Yes                                 | 0 <input type="checkbox"/> Never                      |
| <input type="checkbox"/> No                                  | 1 <input type="checkbox"/> Occasionally               |
|  | 2 <input type="checkbox"/> Usually                    |
|  | 3 <input type="checkbox"/> Always                     |

Name (print): \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_

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