

# Urinary Incontinence Questionnaire

Name:

Date:

1. How often does urine leak for no obvious reason when you are awake?

- 0. Never
- 1. Once or less per week
- 2. More than once a week
- 3. Once daily
- 4. Several times daily
- 5. Continuously

2. How much urine usually leaks for no obvious reason when you are awake?

- 0. Never
- 1. A few drops
- 2. Enough to make underpants/pads wet
- 3. Enough to wet outer clothing
- 4. Urine runs down legs onto the floor

3. How often does urine leak when you are asleep?

- 0. Never
- 1. Once or less per week
- 2. More than once per week
- 3. Once daily
- 4. Several times daily
- 5. Continuously

4. How much urine leaks when you are sleeping?

- 0. None
- 1. A few drops
- 2. Enough to make underpants/pads wet
- 3. Enough to wet outer clothing
- 4. Urine soaks the bed

5. How often do you leak urine after you thought you had finished urinating?

- 0. Never
- 1. Once or less per week
- 2. More than once a week
- 3. Once daily
- 4. Several times daily
- 5. Continuously

6. How much urine leaks after you thought you had finished urinating?

- 0. None
- 1. A few drops
- 2. Enough to make underpants/pads wet
- 3. Enough to wet outer clothing
- 4. Urine runs down legs onto the floor

7. How often does urine leak before you can get to the toilet?

- 0. Never
- 1. Once or less per week
- 2. More than once a week
- 3. Once daily
- 4. Several times daily
- 5. Continuously

8. How much urine leaks before you can get to the toilet?

- 0. None
- 1. A few drops
- 2. Enough to make underpants/pads wet
- 3. Enough to wet outer clothing
- 4. Urine runs down legs onto the floor

9. How often does urine leak when you are physically active, including coughing or sneezing?

- 0. Never
- 1. Once or less per week
- 2. More than once a week
- 3. Once daily
- 4. Several times daily
- 5. Continuously

10. Describe the level of activity that causes urinary leakage?

- 0. Does not occur
- 1. Vigorous activity, such as running, exercise, coughing or sneezing
- 2. Moderate activity, such as household chores or lifting
- 3. Light activity, such as walking, bending or rising
- 4. Leakage can happen even without activity



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11. How much urine usually leaks when you are physically active or coughing or sneezing?

- 0. None
- 1. A few drops
- 2. Enough to make underpants/pads wet
- 3. Enough to wet outer clothing
- 4. Urine runs down legs onto the floor

12. What type of protection do you use for urine leakage?

- 0. None
- 1. Underpants liners or mini pads
- 2. Maxi-pads
- 3. Incontinence pads
- 4. Incontinence briefs

13. Select the number of protective garments for urinary leakage you use per day.

- |      |       |
|------|-------|
| 0. 0 | 3. 3  |
| 1. 1 | 4. 4  |
| 2. 2 | 5. ≥5 |

14. Overall, how much does leaking urine interfere with your life?

- 0. It does not interfere with my life
- 1. Minor inconvenience
- 2. Slight problem
- 3. Moderate problem
- 4. Major Problem

15. To what extent do you feel your sex life has been affected by urine leakage?

- 0. It has not affected my sex life
- 1. A little
- 2. Somewhat
- 3. A great deal

16. Describe the level of confidence in your ability to control your urine leakage

- 0. Complete confidence
- 1. Moderate confidence
- 2. Little confidence
- 3. No confidence

17. How well do you control your urine leakage (0=no control and 10=full control)

- |                      |              |
|----------------------|--------------|
| 0. 10 (full control) | 6. 4         |
| 1. 9                 | 7. 3         |
| 2. 8                 | 8. 2         |
| 3. 7                 | 9. 1         |
| 4. 6                 | 10. 0        |
| 5. 5                 | (No control) |

18. What is the frequency of your daytime urination?

- 0. 1-4 times daily
- 1. 5-8 times daily
- 2. 9-12 times daily
- 3. ≥13 times daily

19. How often do you urinate at night?

- 0. I do not urinate at night
- 1. 1 time per night
- 2. 2 times per night
- 3. 3 times per night
- 4. ≥4 times per night

20. How long can you delay urination from the first time you feel the urge?

- 1. 1 or more hours
- 2. 30 minutes
- 2. 15 minutes
- 3. Less than 10 minutes
- 4. 1-2 minutes
- 5. I cannot delay urination

21. After starting to urinate, can you:

- 0. Stop urine flow completely
- 1. Partially deflect or change the urine stream
- 2. Unable to deflect, change or slow urine stream

Score: \_\_\_\_\_/91  
Percent Limited: \_\_\_\_\_%

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