NORTH COAST UROLOGY

Female Incontinence Questionnaire

Patient Name: _____ Date: ____/____/_____

Date of Birth : ____/____/_____ MRN: _____

Many people leak urine some of the time. We are tying find out how many people leak urine, and how much this bothers them. We would be grateful if you could answer the following questions, thinking about how you've been on an average, over the **PAST FOUR WEEKS.**

1. Do you leak urine? _____NO _____YES
If YES,
How many weeks/months/years have you been experiencing leaking? _____

2. Do you wear a pad everyday? _____NO _____YES
If YES,
How many pads do you wear in a day? _____

3. How many times do you get up to void in the night? _____

4. How OFTEN do you leak urine?

___never	0
___about once a week or less often	1
___two or three times a week	2
___about once a day	3
___several times a day	4
___all the time	5

5. We would like to know how much urine **you think** leaks.
How much urine do you **usually** leak (whether you wear protection or not)?

___none	0
___a small amount	2
___a moderate amount	4
___a large amount	6

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

0	1	2	3	4	5	6	7	8	9	**10**
never										a great deal

ICIQ score: sum scores of questions 4+5+6=

7. When does urine leak?
___never. Urine does not leak
___leaks when standing up
___leaks before you can get to the toilet
___leaks when you cough or sneeze
___leaks when you are asleep
___leaks when your physically active/exercising
___leaks when you have finished urinating and are dressed
___leaks for no obvious reason
___leaks all the time

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