

INCONTINENCE QUESTIONNAIRE FOR WOMEN

How long have you had a problem of urinary leakage? ____ Wks ____ Mths ____ Yrs

Have you ever been evaluated before for this problem? ____ Yes ____ No

What test did you have performed and do you know the results? _____

Have you been treated for urinary leakage before? If so, what treatment did you receive?

Please list (exercised, medications, surgery). _____

Please list all of your medications, including aspirin and vitamins: _____

How many times have you been pregnant? ____ Vaginal deliveries? ____

Please list all of your previous surgical procedures. _____

Have you had a back injury or surgery on your back or spinal cord? ____ Yes ____ No

Do you have double vision? ____ Yes ____ No

Do you have diabetes (sugar)? ____ Yes ____ No

Do you have muscle weakness, paralysis, tremors, numbness or tingling in your hands or feet? ____ Yes ____ No

Do you have a chronic cough? ____ Yes ____ No

Do you have a history of bladder infections (cystitis)? ____ Yes ____ No

Do you have a history of kidney stones, recurrent kidney infections or blood in the urine? __ Y __ N

Do you have problems with constipation? ____ Yes ____ No

Do you have any problems engaging in intimacy with your partner? ____ Yes ____ No

Do you use a pessary? ____ Yes ____ No If yes, how long have you worn it? _____

Has it ever been necessary to be catheterized because you were unable to void? ____ Yes ____ No

CHARACTERIZATION OF URINARY LEAKAGE

Do you lose urine with any of the following:

- Laughing? Yes No
- Lifting? Yes No
- Active exercise? Yes No
- Minimal exercise like walking or light house work? Yes No
- Sleeping Yes No
- Nervousness or increase anxiety? Yes No
- Leakage unrelated to specific cause? Yes No

Does your clothing get damp wet or soaking wet?

Do you use: sanitary napkins toilet/tissue paper diapers other

How many protective pads do you change per day? _____

Are they damp wet saturated at each change?

Do you leave puddles or urine on the floor? Yes No

Do you lose urine by continuous dribbling? Yes No

Do you lose urine in small spurts? Yes No

If "yes," is the loss of urine related to physical activity? _____

Do you lose urine in sudden, large amounts as if your whole bladder has emptied uncontrollably? Yes No

When you have the desire to urinate, do you lose urine before you can get to the bathroom or toilet? Yes No

If "yes," does the urine loss occur: every time half the time only occasionally?

Do you have to push to empty the bladder? Yes No

How often do you urinate during the day? _____

How often do you urinate during the night? _____

How is your urine stream weak intermittent dribbling?

Can you stop the flow of urine? Yes No

How has the problem of incontinence affected your quality of life? _____
