

Urinary Incontinence Questionnaire

Patient Name _____ DOB _____ Today's Date _____

Central Wyoming Urological Associates recognizes that urinary incontinence, or the involuntary loss of urine, can be a very stressful and troubling problem for some women. Our goal in treating women with urinary incontinence is to provide the most sensitive and up-to-date care possible. To better serve you, we invite you to complete the following questionnaire before seeing the provider today.

Do you leak urine (even small drops), wet yourself, or wet your pads or undergarments?	
Yes _____	No _____
If you answer "yes," please complete the answers below	If you answer "no", please disregard the remaining questions

Question	None of the Time	Rarely	Once in a While	Often	Most of the Time	All of the Time
When you cough or sneeze?	0	1	2	3	4	5
When you bend down or lift something?	0	1	2	3	4	5
When you walk quickly, jog, or exercise?	0	1	2	3	4	5
While you're undressing to use the toilet?	0	1	2	3	4	5
Do you get such a strong and uncomfortable need to urinate that you leak urine (even small drops) or wet yourself before reaching the toilet?	0	1	2	3	4	5
Do you have to rush to the bathroom because you get such a sudden, strong need to urinate?	0	1	2	3	4	5
Add the score for each number	Sub-Total					

Please Turn Over to Complete →

Do you experience, and if so, how much are you bothered by...	Not at All	Slightly	Moderately	Greatly
Frequent urination	0	1	2	3
Leakage related to feeling or urgency	0	1	2	3
Leakage related to physical activity, coughing, or sneezing	0	1	2	3
Small amounts of leakage (drops)	0	1	2	3
Difficulty emptying the bladder	0	1	2	3
Pain or discomfort in the lower abdominal or genital area	0	1	2	3
Has urinary leakage affected your...	Not at All	Slightly	Moderately	Greatly
Ability to do household chores, such as cooking, cleaning, and laundry?	0	1	2	3
Physical recreation, such as walking, swimming, or other exercise?	0	1	2	3
Entertainment activities, such as movies, concerts, etc?	0	1	2	3
Ability to travel by car or bus more than 30 minutes from home?	0	1	2	3
Participation in social activities outside your home?	0	1	2	3
Emotional health, such as nervousness, depression, etc?	0	1	2	3
Are you feeling frustrated with your current leakage?	0	1	2	3
Add the score for each number	Sub-Total			

Add the score for each section above together	=
Take the above total and divide it by 13, then multiply by 33.5	=
Final total (scale of 1-100)	=

Reference: Bradley, C.S., Rovner, E.S., Morgan, M.A., Berlin, M., Novi, J.M., Shea, J.A., Arya, L.A. (2005). A new questionnaire for urinary incontinence diagnosis in women: Development and testing. *American Journal of Obstetrics and Gynecology* 192, 66-73; Dowling-Castronovo, A. (2008). Urinary Incontinence Assessment in Older Adults: Part II—Established Urinary Incontinence Boltz, M.& Greenberg, S.A. (Eds.). General Assessment Series: Best Practices in Nursing Care to Adults. 11.2. New York, NY: The Hartford Institute for Geriatric Nursing, New York University, College of Nursing.