

PLEASE WRITE IN
TODAY'S DATE:

____ Day ____ Month ____ Year

PARTICIPANT ID:

PLEASE READ THIS CAREFULLY

ON THE FOLLOWING PAGES YOU WILL FIND SOME STATEMENTS THAT HAVE BEEN MADE BY PEOPLE WHO HAVE URINARY INCONTINENCE (LEAKING URINE WHEN YOU DON'T WANT TO).

PLEASE CHOOSE THE RESPONSE THAT APPLIES BEST TO YOU
RIGHT NOW AND CIRCLE THE NUMBER OF YOUR ANSWER.

IF YOU ARE UNSURE ABOUT HOW TO ANSWER A QUESTION, PLEASE GIVE THE BEST ANSWER YOU CAN. **THERE ARE NO RIGHT OR WRONG ANSWERS.**

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT:



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Your Feelings

(Please circle the number of your answer)

1. I worry about not being able to get to the toilet on time

1 EXTREMELY
2 QUITE A BIT
3 MODERATELY
4 A LITTLE
5 NOT AT ALL

2. I worry about coughing or sneezing because of my urinary problems or incontinence.

1 EXTREMELY
2 QUITE A BIT
3 MODERATELY
4 A LITTLE
5 NOT AT ALL

3. I have to be careful standing up after I've been sitting down because of my urinary problems or incontinence.

1 EXTREMELY
2 QUITE A BIT
3 MODERATELY
4 A LITTLE
5 NOT AT ALL

4. I worry about where toilets are in new places.

1 EXTREMELY
2 QUITE A BIT
3 MODERATELY
4 A LITTLE
5 NOT AT ALL

5. I feel depressed because of my urinary problems or incontinence.

1 EXTREMELY
2 QUITE A BIT
3 MODERATELY
4 A LITTLE
5 NOT AT ALL

INCONTINENCE – QUALITY OF LIFE

(Please circle the number of your answer)

6. Because of my urinary problems or incontinence, I don't feel free to leave my home for long periods of time.

1 EXTREMELY
2 QUITE A BIT
3 MODERATELY
4 A LITTLE
5 NOT AT ALL

7. I feel frustrated because my urinary problems or incontinence prevents me from doing what I want.

1 EXTREMELY
2 QUITE A BIT
3 MODERATELY
4 A LITTLE
5 NOT AT ALL

8. I worry about others smelling urine on me.

1 EXTREMELY
2 QUITE A BIT
3 MODERATELY
4 A LITTLE
5 NOT AT ALL

9. My urinary problems or incontinence is always on my mind.

1 EXTREMELY
2 QUITE A BIT
3 MODERATELY
4 A LITTLE
5 NOT AT ALL

10. It's important for me to make frequent trips to the toilet.

1 EXTREMELY
2 QUITE A BIT
3 MODERATELY
4 A LITTLE
5 NOT AT ALL

INCONTINENCE – QUALITY OF LIFE

(Please circle the number of your answer)

11. Because of my urinary problems or incontinence, it's important to plan every detail in advance.

1 EXTREMELY
2 QUITE A BIT
3 MODERATELY
4 A LITTLE
5 NOT AT ALL

12. I worry about my urinary problems or incontinence getting worse as I grow older.

1 EXTREMELY
2 QUITE A BIT
3 MODERATELY
4 A LITTLE
5 NOT AT ALL

13. I have a hard time getting a good night of sleep because of my urinary problems or incontinence.

1 EXTREMELY
2 QUITE A BIT
3 MODERATELY
4 A LITTLE
5 NOT AT ALL

14. I worry about being embarrassed or humiliated because of my urinary problems or incontinence.

1 EXTREMELY
2 QUITE A BIT
3 MODERATELY
4 A LITTLE
5 NOT AT ALL

15. My urinary problems or incontinence makes me feel like I'm not a healthy person.

1 EXTREMELY
2 QUITE A BIT
3 MODERATELY
4 A LITTLE
5 NOT AT ALL

INCONTINENCE – QUALITY OF LIFE

(Please circle the number of your answer)

16. My urinary problems or incontinence makes me feel helpless.

- 1 EXTREMELY
- 2 QUITE A BIT
- 3 MODERATELY
- 4 A LITTLE
- 5 NOT AT ALL

17. I get less enjoyment out of life because of my urinary problems or incontinence.

- 1 EXTREMELY
- 2 QUITE A BIT
- 3 MODERATELY
- 4 A LITTLE
- 5 NOT AT ALL

18. I worry about wetting myself.

- 1 EXTREMELY
- 2 QUITE A BIT
- 3 MODERATELY
- 4 A LITTLE
- 5 NOT AT ALL

19. I feel like I have no control over my bladder.

- 1 EXTREMELY
- 2 QUITE A BIT
- 3 MODERATELY
- 4 A LITTLE
- 5 NOT AT ALL

20. I have to watch what or how much I drink because of my urinary problems or incontinence.

- 1 EXTREMELY
- 2 QUITE A BIT
- 3 MODERATELY
- 4 A LITTLE
- 5 NOT AT ALL

INCONTINENCE – QUALITY OF LIFE

(Please circle the number of your answer)

21. My urinary problems or incontinence limit my choice of clothing.

- 1 EXTREMELY
- 2 QUITE A BIT
- 3 MODERATELY
- 4 A LITTLE
- 5 NOT AT ALL

22. I worry about having sex because of my urinary problems or incontinence.

- 1 EXTREMELY
- 2 QUITE A BIT
- 3 MODERATELY
- 4 A LITTLE
- 5 NOT AT ALL

About You

- A-1 How long have you had urinary problems or incontinence? *(Please write the number below)*

YEARS

MONTHS

- A-2 How many medical appointments have you made in the past year to treat your urinary problems or incontinence? *(Please write the number on the line provided)*

 NUMBER OF APPOINTMENTS IN THE LAST YEAR

- A-3 How would you describe the severity of your urinary problems or incontinence? *(Please circle the number of your answer)*

1 MILD

2 MODERATE

3 SEVERE

- A-4 Do you lose urine when you cough, sneeze, run, walk, jump or when you do some other specific activity?

0 NO

1 YES

- A-5 Do you lose control of your bladder before you can get to the bathroom?

0 NO

1 YES

INCONTINENCE – QUALITY OF LIFE

A-6 Do you lose urine at times not associated with any specific activity or the need to go to the bathroom?

0 NO

1 YES

A-7 In the last month, how many times did you lose urine, even a small amount, when you didn't want to? *(Please write the number on the line provided)*

_____ **NUMBER OF TIMES IN THE LAST MONTH**

A-8 In the last month, how many times did you lose urine, even a small amount, when you didn't want to?

0 NOT AT ALL IN THE LAST MONTH

1 1 TO 2 TIMES IN THE LAST MONTH

2 4 TIMES (ABOUT ONCE A WEEK)

3 2 TO 3 TIMES PER WEEK

4 ABOUT 1 TIME A DAY

5 ONE OR TWO TIMES A DAY

6 THREE OR FOUR TIMES A DAY

7 FIVE OR MORE TIMES A DAY