

PLEASE FILL 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 (URINE
LEAKAGE).

PLEASE CHOOSE THE RESPONSE THAT BEST APPLIES TO YOU
AT THE MOMENT 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.**

YOUR ANSWERS WILL BE KEPT STRICTLY CONFIDENTIAL.

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 in time.

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

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

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

(Please circle the number of your answer)

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

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

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

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

8. I worry about other people smelling urine on me.

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

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

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

(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 BIT
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 BIT
5 NOT AT ALL

13. I have difficulty getting a good night's sleep because of my urinary problems or incontinence.

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

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

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

(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 BIT
- 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 BIT
- 5 NOT AT ALL

18. I worry about wetting myself.

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

19. I feel as though I have no control over my bladder.

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

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

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

(Please circle the number of your answer)

21. My urinary problems or incontinence makes my choices about what to wear more limited.

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

About You

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

NUMBER OF YEARS

NUMBER OF MONTHS

- A-2 How many times have you seen a health care provider (e.g., your own doctor, hospital doctor, nurse, physiotherapist, district nurse) about your urinary problems or incontinence in the past year? *(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 leak 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 toilet?

0 NO

1 YES

A-6 Do you leak urine at times not associated with any specific activity or without the need to go to the toilet?

0 NO

1 YES

A-7 In the last month, how many times did you leak 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 leak 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 1 OR 2 TIMES A DAY

6 3 OR 4 TIMES A DAY

7 5 OR MORE TIMES A DAY