FEMALE INCONTINENCE QUESTIONNAIRE

Patient Name:_____ **Date:** _____

Do you have leakage with:

Coughing or sneezing?	Yes_____ No _____
Lifting?	Yes_____ No _____
Active exercise? (running, intercourse, etc.)	Yes_____ No _____
Minimal exercise? (walking, light housework, etc.)	Yes_____ No _____
Sleeping?	Yes_____ No _____
Nervousness or increased anxiety?	Yes_____ No _____
Leakage unrelated to any cause?	Yes_____ No _____

Is your clothing: Damp: _____ Wet _____ or Soaking Wet? _____

For protection do you use: Kotex Pads:_____ Tissue _____ or Diapers? _____

How many protective pads do you use per day? _____

Are they damp _____ wet _____ or saturated_____ at each change?

Do you leave puddles of 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 it related to physical activity?	Yes_____ No _____
When you have the desire to urinate, do you lose urine before you can get to the toilet?	Yes_____ No _____
Do you get a severe urge:	
In the cold weather?	Yes_____ No _____
With running water?	Yes_____ No _____
At the front door of your house or restroom?	Yes_____ No _____
Do you have pain over your bladder when you are full or get the strong urge?	Yes_____ No _____

How often do you pass urine during the day?
Every hour or less _____ , 1-2 hours _____, 2-3 hours _____, 3-4 hours _____, or greater than 4 hours_____

How often do you pass urine after going to bed? _____

Is the volume of urine you pass usually?
Large _____ Average _____ Small _____ or very Small _____

Do you empty your bladder frequently, before you experience the desire to pass urine just so that you will stay dry? Yes_____ No _____

Please describe in your own words any additional information regarding your leakage problem not asked above.