

## Urinary Incontinence Questionnaire

Name \_\_\_\_\_ Date \_\_\_\_\_

Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ No. Vaginal Births \_\_\_\_\_ No. Cesarean Sections \_\_\_\_\_

1. In general, how would you rate your bladder control:
 

	Good _____
	Fair _____
	Poor _____
	Terrible _____
  
2. How often do you urinate during the daytime? Approximately every \_\_\_\_\_ hrs
  
3. How much fluid do you usually drink: (Please estimate in oz.)
 

During the day?	Ounces _____
After dinner?	Ounces _____
  
4. Do you ever accidentally lose your bladder control and wet your clothing? Yes \_\_\_\_\_

If yes, how often does this occur? (Check one)

	Rarely _____
	Occasionally _____
	Weekly _____
	Daily _____

If yes, estimate the volume of accidental urine loss: (Check one)

Clothing is slightly damp?	_____
Clothing is wet?	_____
Clothing is soaking wet?	_____
  
5. Do you wear a pad for protection against urinary accidents? Yes \_\_\_\_\_

If yes, how often do you wear a pad? (Check one)

All day	_____
Only when away from the house	_____
Only with exercise or strenuous activities	_____
Only with a cold and cough	_____

If yes, approximately how many pads will you usually use each day? Number of Pads \_\_\_\_\_
  
6. Do you accidentally urinate during any of the following: (Check each)

Coughing	_____
Sneezing	_____
Jumping	_____
Laughing	_____
Exercising	_____
Walking	_____
  
7. Do you usually have to hurry to the toilet, or can you take your time?
 

	Hurry _____
	Take Time _____
  
8. If you have a strong urge to urinate, can you suppress the feeling?
 

	Usually _____
	Occasionally _____
	Rarely _____
  
9. Do you ever have the urge to urinate and accidentally lose urine before reaching the toilet? Yes \_\_\_\_\_
  
10. When you get the urge to urinate, is it usually painful? Yes \_\_\_\_\_

If Yes, is the pain relieved after urinating? Yes \_\_\_\_\_
  
11. How many times at night do you usually get up to urinate? Number \_\_\_\_\_

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|--|------------------------|
| 12. Upon awakening in the morning, do you usually hurry to the bathroom?<br>If yes, do you ever accidentally leak before reaching the toilet?        | Yes _____<br>Yes _____ |
| 13. Are you ever unaware that you have urinated <u>until</u> you feel wet?   | Yes _____              |
| 14. Do you feel you are wet most of the time?  | Yes _____              |
| 15. Do you feel that you empty your bladder completely?  | No _____               |
| 16. While you are urinating, are you able to stop the flow?  | No _____               |
| 17. Do you notice any dribbling of urine when you stand up <u>after</u> urinating?   | Yes _____              |
| 18. Have you ever been treated by <u>dilation</u> of the urethra?  | Yes _____              |
| 19. Have you had a urinary infection during this past year?<br>If Yes, more than twice?  | Yes _____<br>Yes _____ |
| 20. Do you have symptoms of infection after intercourse?   | Yes _____              |
| 21. Is your urine ever bloody?   | Yes _____              |
| 22. Are there certain activities (sports, dancing, etc.), which you have stopped?<br>because of your incontinence?<br>If yes, please describe: _____ | Yes _____              |

**Pelvic Floor Support:**

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|--|------------------------|
| 1. Do you have any problem with your bowel movements?<br>If Yes, do you ever splint (support) your vagina with your fingers?                             | Yes _____<br>Yes _____ |
| 2. Do you ever accidentally soil yourself with stool?  | Yes _____              |
| 3. Do you or your partner feel that your vagina is “too loose” for<br>enjoyable intercourse?   | Yes _____              |
| 4. Do you ever have a feeling that your pelvic organs or tissues are<br>protruding from your vaginal opening?<br>If Yes, under what circumstances? _____ | Yes _____              |
| 5. Do you perform Kegel pelvic floor muscle exercises?   | Yes _____              |

**Please list all your current medications (including non-prescription):**

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By: Gordon C. Gunn, M.D.

