

Southwest Urologic Specialists, PC
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INCONTINENCE QUESTIONNAIRE

Date _____ Name _____

How long have had the problem of urinary leakage?

Have you ever been ever been evaluated before for this problem?

What test did you have performed and do you know the results? _____

Have you been treated for urinary leakage before? If so, what treatment did you receive? Please list. (exercises, medications, surgery)

Please list all of you medications including aspirin and vitamins.

How many times have you been pregnant? _____ Vaginal deliveries _____

Please list all of your previous surgical procedures. _____

Have you had a back injury or surgery on your back or spinal cord? _____

Do you have double vision? _____ Do you have diabetes (sugar)? _____

Do you have muscle weakness, paralysis, tremors, numbness, or tingling in your hands or feet?

Do you have a chronic cough? _____

Do you have a history of bladder infections (cystitis)? _____

Do you have any problems engaging in intimacy with your partner?

CHARACTERIZATION OF URINARY LEAKAGE

Do you lose urine with any of the following?

- Laughing _____
- Lifting _____
- Active exercise _____
- Minimal exercise like walking or light house work _____
- Sleeping _____
- Nervousness or increased anxiety _____
- Leakage unrelated to any specific cause _____

Does your clothing get: damp _____ wet _____ or soaking wet? _____

Do you use: sanitary napkins _____ toilet/tissue paper _____ diapers? _____

How many protective pads do you change per day? _____

Are they: damp _____ wet _____ saturated _____ at each change?

Do you leave puddles of urine on the floor? _____

Do you lose urine by continuous dribbling? _____

Do you lose urine in small spurts? _____

If "yes," is the loss of urine related to physical activity? _____

Do you lose urine in sudden large amounts as if your whole bladder has emptied uncontrollably?

When you have the desire to urinate, do you lose urine before you can get to the bathroom or toilet? _____

If "yes," does the urine loss occur every time ____, half the time ____, or only occasionally? ____

How has the problem of incontinence affected your quality of life?
