

INCONTINENCE/Quality of life

Name: DOB: / / Date:

Short Form of the Incontinence Impact Questionnaire

Has urine leakage affected your:	None	Slightly	Moderately	Greatly
1. Ability to do household chores?	0	1	2	3
2. Physical recreation such as walking, swimming, or exercise?	0	1	2	3
3. Entertainment activities (movies, concerts, etc)?	0	1	2	3
4. Ability to travel by care or bus more than 30 minutes?	0	1	2	3
5. Participation in social activities outside the home?	0	1	2	3
6. Emotional health (nervousness, depression, etc)?	0	1	2	3
7. Feeling frustrated?	0	1	2	3

Short Form of the Urinary Distress Inventory

Do you experience, and, if so, how much are you bothered by:	None	Slightly	Moderately	Greatly
1. Frequent urination?	0	1	2	3
2. Urine leakage related to the feeling of urgency?	0	1	2	3
3. Urine leakage related to physical activity, coughing, or sneezing?	0	1	2	3
4. small amounts of urine leakage (drops)?	0	1	2	3
5. Difficulty emptying your bladder?	0	1	2	3
6. Pain or discomfort in the lower abdomen or genital area?	0	1	2	3

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