

# URINARY INCONTINENCE QUESTIONNAIRE FOR ADULTS



1. Do you have any concerns related to your bladder? If yes, do you want to discuss those with me today?

A. Yes B. No

2. Have you noticed any changes in your urinary habits? If yes, would you like to discuss this with me today?

A. Yes B. No

3. Do you leak urine when you physically exert yourself, laugh, cough or sneeze? If yes, what activities do you typically notice this with?

A. Yes B. No

4. Do you experience a sudden and strong urge to urinate that is difficult to control? If yes, what situations trigger this sudden urge to urinate?

A. Yes B. No

5. Do you have difficulty starting or stopping urine flow? If yes, when do you notice this difficulty?

A. Yes B. No

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6. Do you leak urine as you're trying to get to the toilet?  
If yes, at what point do you notice urine leakage?

A. Yes B. No

7. Do you leak urine as you're trying to undress to use  
the toilet?

A. Yes B. No

8. Does your urine stream start and stop while urinating?

A. Yes B. No

9. Do you leak urine without having the feeling to urinate? If yes, what  
type of situations or activities cause this?

A. Yes B. No

10. Do you leak urine for no reason?

A. Yes B. No

11. Do you leak urine while sleeping?

A. Yes B. No

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12. Do you find it difficult to fully empty your bladder?

A. Yes B. No

13. Do you ever push or strain to urinate?

A. Yes B. No

14. After urinating, do you feel the need to urinate a few minutes later?

A. Yes B. No

15. Approximately how many times do you urinate in a 24 hour period?

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16. Do you experience discomfort or pain with urination?

A. Yes B. No

17. Are you aware of any medications that may affect your bladder function? If yes, which medications?

A. Yes B. No