URINARY INCONTINENCE QUESTIONNAIRE FOR CHILDREN & TEENS

Do you pee in your underwear during the day?

A. Never

B. 1-2 Days/Week

C. 3-4 Days/Week or More

D. Daily

E. Daily into an incontinence product

F. Yes, but less frequently than options provided

If you pee in your underwear during the day, what is the volume (how much pee)?

A. I do not pee in my underwear

B. Underwear is damp

C. Underwear is wet

D. Underwear is soaked

If you pee in your underwear during the day, how many times per day does this happen (on average)?

A. I do not pee in my underwear

B. 1x/Day

C. 2x/Day

D. 3-4x/Day or More

Do you pee in your underwear overnight?

A. Never

B. 1-2x/Week

C. 3-4x/Week or More

D. Nightly

Example of a questionnaire to diagnose UI in children and teens.

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

Example of a questionnaire to diagnose UI in adults.

URINARY INCONTINENCE QUESTIONNAIRE FOR ADULTS

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

URINARY INCONTINENCE QUESTIONNAIRE FOR ADULTS

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