

International Consultation on Incontinence Questionnaire Short Form (ICIQ-SF)

Confidential

ICIQ-UISF

Today's date ___/___/_____

Patient Name _____

Many people leak urine some of the time. We are trying to find out how many people leak urine, and how much this bothers them. We would be grateful if you could answer the following questions, thinking about how you have been, on average, over the PAST FOUR WEEKS.

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1. Please write in your date of birth (mm/dd/yyyy). ___/___/_____
 2. Are you (check one) female male ?
 3. How often do you leak urine (check one box)?
 - 0 Never
 - 1 About once a week or less often
 - 2 Two or three times a week
 - 3 About once a day
 - 4 Several times a day
 - 5 All the time
 4. We would like to know how much urine you think leaks. How much urine do you usually leak (whether you wear protection or not)? (Check one box.)
 - 0 None
 - 2 A small amount
 - 4 A moderate amount
 - 6 A large amount
 5. Overall, how much does leaking urine interfere with your everyday life? Please circle a number between 0 (not at all) and 10 (a great deal).

0	1	2	3	4	5	6	7	8	9	10
Not at all										A great deal
- ICIQ score: sum 3+4+5= _____**
6. When does urine leak? (Please check all that apply to you.)
 - Never—urine does not leak
 - Leaks before you can get to the toilet
 - Leaks when you cough or sneeze
 - Leaks when you are asleep
 - Leaks when you are physically active/exercising
 - Leaks when you have finished urinating and are dressed
 - Leaks for no obvious reason
 - Leaks all the time

While the scores of items 3-5 may be added to give an overall indication of the level and impact of incontinence, the responses to individual items may also be interpreted individually. The unscored self-diagnostic item 6 helps to understand the patient's perception of the cause of his/her incontinence.