

Name:

Address:

Date of birth:

VICTORIA GYNECOLOGY AND CONTINENCE CLINIC  
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### Incontinence – Quality of Life

– please check (✓) one box for each question

		Extremely	Quite a bit	Moderately	A little	Not at all
1	I worry about not being able to get to the toilet in time.					
2	I worry about coughing or sneezing because of my incontinence.					
3	I have to be careful standing up after sitting down because of my incontinence.					
4	I worry about where toilets are in new places.					
5	I feel depressed because of my incontinence.					
6	Because of my incontinence, I do not feel free to leave my home for long periods of time.					
7	I feel frustrated because my incontinence prevents me from doing what I want.					
8	I worry about others smelling urine on me.					
9	Incontinence is always on my mind.					
10	It is important to me to make frequent trips to the toilet.					
11	Because of my incontinence, it is important to plan every detail in advance.					
12	I worry about my incontinence getting worse as I grow older.					
13	I have a hard time getting a good night of sleep because of my incontinence.					
14	I worry about being embarrassed or humiliated because of my incontinence.					
15	My incontinence makes me feel like I am not a healthy person.					
16	My incontinence makes me feel helpless.					
17	I get less enjoyment out of life because of my incontinence.					
18	I worry about wetting myself.					
19	I feel like I have no control over my bladder.					
20	I have to watch what or how much I drink because of my incontinence.					
21	My incontinence limits my choice of clothing.					
22	I worry about having sex because of my incontinence.					