

**VICTORIA GYNECOLOGY AND CONTINENCE CLINIC
DR. DAVID J. QUINLAN
101 – 1964 FORT STREET, VICTORIA BC V8R 6R3
250-595-1059**

NAME _____ **DATE OF BIRTH** _____ **TODAYS DATE** _____

URINARY INCONTINENCE SEVERITY SCORE

Please only check one box for each question

	NOT AT ALL - 0	SOMETIMES - 1	OFTEN - 2
1. Do you experience urine leakage not related to effort or position such as when lying down?			
2. Do you experience urine leakage related to minor physical activity such as when walking or rising?			
3. Do you experience urine leakage related to strong physical activity such as coughing or sneezing?			
4. Has urine leakage disturbed our daily chores such as shopping, cooking, house cleaning?			
5. Has urine leakage disturbed your employment duties such as client service, work performance, et cetera?			
6. Are you afraid others will notice your problem? (Fear of odour, wetness, etc.)			
7. Do you have to restrict or give up social activities such as visiting friends, physical activity, theatre, church, et cetera?			
8. Do the incontinence symptoms disturb your sex life?			
9. Does incontinence cause irritation of your external genital area?			
10. How often just you use a protective napkin or pad?			

URINARY INCONTINENCE QUALITY OF LIFE SCORE

Please only check one box for each question

	EXTREMELY	QUITE A BIT	MODERATELY	A LITTLE	OFTEN - 2
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.					

PLEASE TURN OVER TO CONTINUE ON THE BACK PAGE.... THANK YOU VERY MUCH.

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URINARY INCONTINENCE QUALITY OF LIFE SCORE -CONTINUED

Please only check one box for each question

	EXTREMELY	QUITE A BIT	MODERATELY	A LITTLE	OFTEN - 2
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. Because of my incontinence, I have a hard time getting a good night of sleep.					
14. Because of my incontinence, I worry about being embarrassed or humiliated.					
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. Because of my incontinence, I have to watch what or how much I drink.					
21. My incontinence limits my choice of clothing.					
22. Because of my incontinence, I worry about having sex.					

Thank you very much for completing these forms.