

ICI-Q INCONTINENCE QUESTIONNAIRE

Insert patient sticker here

We would be grateful if you could answer the following questions, thinking about how you have been, on average, **over the PAST FOUR WEEKS.**

PLEASE TICK THE APPROPRIATE ANSWER THAT BEST DESCRIBES HOW YOU FEEL FOR EACH QUESTION.

1. How often do you leak urine?

- 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

2. We would like to know how much urine you think leaks. How much urine do you usually leak (whether you wear protection or not)?

- 1. None
- 2. A small amount
- 3. A moderate amount
- 4. A large amount

3. Overall, how much does leaking urine interfere with your everyday life?
Please ring 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

4. When does urine leak?

(Please tick 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

Thank you for answering these questions