Incontinence Impact Questionnaire

UT SOUTHWESTERN MEDICAL CENTER

Incontinence Impact Questionnaire

Name :
MRN :
DOB :

Encounter date:

Symptom Index | Problem Index and Quality of Life

Symptom Index

	Not at all	Less than half of the time	About half of the time	More than half of the time	Almost always
1. Over the past month has the leakage of urine and/or prolapse affected your ability to do household chores (cooking, housecleaning, laundry)?	0	1	2	3	4
2. Over the past month has the leakage of urine and/or prolapse affected your physical recreation such as walking, swimming, or other exercise?	0	1	2	3	4
3. Over the past month has the leakage of urine and/or prolapse affected your ability to attend entertainment activities (movies, concerts, etc.)?	0	1	2	3	4
4. Over the past month has the leakage of urine and/or prolapse affected your ability to travel by car more than 30 minutes from home?	0	1	2	3	4
5. Over the past month has the leakage of urine and/or prolapse affected your participation in social activities outside your home?	0	1	2	3	4
6. Over the past month has the leakage of urine and/or prolapse affected your emotional health (nervousness, depression, etc.)?	0	1	2	3	4
7. Over the past month how many times has the leakage of urine and/or prolapse made you feel frustrated?	0	1	2	3	4

Score:

Completed by:

Cancel | Print & Accept | Accept

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Do you experience, and if so, how much are you bothered by:

	Not at all	Slightly	Moderately	Greatly
1. **Frequent urination?**	○ 0	○ 1	○ 2	○ 3
2. **Urine leakage related to the feeling of urgency (sudden desire to urinate)?**	○ 0	○ 1	○ 2	○ 3
3. **Urine leakage related to physical activity, coughing, or sneezing?**	○ 0	○ 1	○ 2	○ 3
4. **Small amounts of urine leakage (drops)?**	○ 0	○ 1	○ 2	○ 3
5. **Difficulty emptying your bladder?**	○ 0	○ 1	○ 2	○ 3
6. **Pain or discomfort in the lower abdominal or genital area?**	○ 0	○ 1	○ 2	○ 3

Score:

Quality of life due to urinary problems

If you were to spend the rest of your life with your urinary condition just the way it is now, how would you feel about that?

Please use the scrollbar below to indicate your feelings about your urinary problem:

Pleased — **Terrible**

0 1 2 3 4 5 6 7 8 9 10

Completed by:

Cancel | Print & Accept | Accept