

Type: Baseline
6 Month
12 Month

____/____/____
MM DD YY

Incontinence Impact Questionnaire

Has urine leakage affected your:

Mark "X" for each question

	Not At All	Slightly	Moderately	Greatly
1. Ability to do household chores (cooking, laundry, housecleaning)?				
2. Physical recreation such as walking, swimming or other exercise?				
3. Entertainment activities (movies, concerts, etc.)?				
4. Ability to travel by car or bus more than 30 minutes from home?				
5. Participated in social activities outside your house?				
6. Emotional health (nervousness, depression, etc.)?				
7. Feeling frustrated?				

Urogenital Distress Inventory

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

Mark "X" for each question

	Not At All	Slightly	Moderately	Greatly
1. Frequent urination?				
2. Urine leakage related to the feeling of urgency?				
3. Urine leakage related to physical activity, coughing, or sneezing?				
4. Small amounts of urine leakage drop?				
5. Difficulty emptying your bladder?				
6. Pain or discomfort in the lower abdominal or genital area?				