



## Self-Questionnaire on Urinary Incontinence

If you are experiencing involuntary leaking, it is important to discuss it with your doctor.  
Treatment options are available.

Take a few moments to complete this self-questionnaire. We suggest that you print it out, so you can discuss the answers with your doctor during your next appointment.

Put it in your purse right away!

Do you experience leaking in the following situations?

	Not at all	A little	Moderately	A lot
During daily activities (work, household tasks)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During physical activities (walking, swimming, or other exercise)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During recreational activities (movies, hobbies)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During social activities (going out with friends, family visits)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During car trips	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In the past few weeks:

	Yes	No
Have you frequently experienced the need to urinate?	<input type="checkbox"/>	<input type="checkbox"/>
Have you experienced leaking preceded by an urgent need to urinate?	<input type="checkbox"/>	<input type="checkbox"/>
Have you experienced leaking on effort, such as when sneezing, coughing, jumping, laughing, or during physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
Have you experienced a pressing or immediate urge to urinate?	<input type="checkbox"/>	<input type="checkbox"/>
Have you noticed a change in your urination frequency?	<input type="checkbox"/>	<input type="checkbox"/>
Do you need to urinate more than 8 times every 24 hours?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have to get up more than twice during the night to urinate?	<input type="checkbox"/>	<input type="checkbox"/>
Do you sometimes have to strain to urinate?	<input type="checkbox"/>	<input type="checkbox"/>

Please note that this self-questionnaire is a tool to encourage doctor-patient communication, and should never be a substitute for medical evaluation and diagnosis.

Always consult a physician or healthcare professional who is qualified to assess your health.

**Leave leaking behind!**

Make it happen ... defeat urinary stress incontinence

[www.laughingwithoutleaking.ca](http://www.laughingwithoutleaking.ca)