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FEMALE INCONTINENCE QUESTIONNAIRE

Patient Name: _____ **Date:** _____

Address: _____

Phone: _____

Do you have leakage with:

Coughing or sneezing?	Yes	_____	No	_____
Lifting?	Yes	_____	No	_____
Active exercise? (running, etc.)	Yes	_____	No	_____
Minimal exercise? (walking, light housework, etc.)	Yes	_____	No	_____
Sleeping?	Yes	_____	No	_____
Nervousness or increased anxiety?	Yes	_____	No	_____
Leakage unrelated to any cause?	Yes	_____	No	_____

Is your clothing: Damp: _____ Wet _____ or Soaking Wet? _____

For protection do you use: Kotex Pads: _____ Tissue _____ or Diapers? _____

How many protective pads do you use per day? _____

Are they damp _____ wet _____ or saturated _____ at each change?

Do you leave puddles of urine on the floor? Yes _____ No _____

Do you lose urine by continuous dribbling? Yes _____ No _____

Do you lose urine in small spurts? Yes _____ No _____

If yes, is it related to physical activity? Yes _____ No _____

When you have the desire to urinate, do you lose urine before you can get to the toilet? Yes _____ No _____

Do you get a severe urge: In the cold weather? Yes _____ No _____

With running water? Yes _____ No _____

At the front door of your house? Yes _____ No _____

Do you have pain over your bladder when you are full or get the strong urge? Yes _____ No _____

How often do you pass urine during the day?

Every hour or less _____, 1-2 hours _____, 2-3 hours _____, 3-4 hours _____, or greater than 4 hours _____

How often do you pass urine after going to bed? _____

Is the volume of urine you pass usually?

Large _____ Average _____ Small _____ or very Small _____

Do you empty your bladder frequently, before you experience the desire to pass urine just so that you will stay dry?

Yes _____ No _____

Please describe in your own words any additional information regarding your leakage problem not asked above.