LANSING INSTITUTE OF UROLOGY, P.C. INCONTINENCE QUESTIONNAIRE

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Patient Name:					rax. (51	7) 324-4366
Do you lose urine with any of the following?						
Coughing or sneezing	Always	So	metir	nes	Never	
Laughing	Always	So	metir	nes	Never	
Lifting	Always	So	metir	nes	Never	
Active exercise (running, etc.)	Always	So	metir	nes	Never	
Minimal exercise	Always	So	metir	nes	Never	
Sleeping	Always	So	metir	nes	Never	
Nervousness or increased anxiety	Always	So	metir	nes	Never	
Leakage unrelated to any specific cause	Always	So	metir	nes	Never	
Standing up	Always	So	metir	nes	Never	
How wet is your clothing?	Damp	Wet	So	aking '	Wet	
What protection do you use? How many protective pads do you use a day?	Pads	Ti	issue	Dia	pers	
At each change, are they?			I - 4	01-:		
At each change, are they:	Damp	VV	'et	Soakii	ng Wet	
Do you lose urine by continuous dribbling?			Yes	No		
Do you lose urine in sudden large amounts as	if					
your whole bladder has emptied uncontrollably	y?		Yes	No		
When you have the desire to urinate, do you lo	oco urino					
before you can get to the bathroom or toilet se			Yes	No		
before you dain get to the battingoin or toller se	at:		100	110		
Do you lose urine when you stand after sitting	or lying?		Yes	No		
Do you feel that you empty your bladder comp	oletely		Yes	No		
when you urinate?			100	140		
Have you had radiation treatments to the pelvi	c area?		Yes	No		
Did your problem begin after a delivery, radiati	on, or sur	gery'	? \	Yes	No	
How often do you pass urine during						
the day?	Every ho	ıır	1-2	hre	2-3 hrs.	4-plus hours
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Incontinence Questionnaire continued

How often de	o you pass urine after to b	ed? Eve	ry hour	1-2 hrs.	2-3 h	ırs. 4	-plus hours
Is the volume	e of urine that you usually	pass La	rge Av	erage	Small	Very S	mall
desire to pas Have you ha back or spin	uently empty your bladder as urine just so you can stand d orthopedic or neurological al cord? vel movements normal?	ay dry?	s on your No	Yes	No		
How often de	o you move your bowels?	daily 6	every other	er day	less freq	uent	more frequent
	narize a typical day or two urs) in addition to the num	_			oes of flu	ids you	drink
8:00 a.m.	8 oz. coffee 6 oz. juice 2 oz. water	9:00 a.m.	12 oz.	urine			
Time of Day	Fluids consumed	Time of Da	y Urine	Voided		- - - - - -	
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