

# LANSING INSTITUTE OF UROLOGY, P.C.

## INCONTINENCE QUESTIONNAIRE

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Patient Name: \_\_\_\_\_

### Do you lose urine with any of the following?

Coughing or sneezing	Always	Sometimes	Never
Laughing	Always	Sometimes	Never
Lifting	Always	Sometimes	Never
Active exercise (running, etc.)	Always	Sometimes	Never
Minimal exercise	Always	Sometimes	Never
Sleeping	Always	Sometimes	Never
Nervousness or increased anxiety	Always	Sometimes	Never
Leakage unrelated to any specific cause	Always	Sometimes	Never
Standing up	Always	Sometimes	Never

How wet is your clothing?                      Damp    Wet    Soaking Wet

What protection do you use?                      Pads            Tissue    Diapers\_\_\_\_\_

How many protective pads do you use a day? \_\_\_\_\_

At each change, are they?                      Damp    Wet    Soaking 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?                      Yes    No

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

Do you lose urine when you stand after sitting or lying?                      Yes    No

Do you feel that you empty your bladder completely  
 when you urinate?                      Yes    No

Have you had radiation treatments to the pelvic area?                      Yes    No

Did your problem begin after a delivery, radiation, or surgery?                      Yes    No

How often do you pass urine during  
 the day?                      Every hour    1-2 hrs.    2-3 hrs.    4-plus hours

