

# **URINARY INCONTINENCE**

## **Assessment Questionnaire**

1. How long have you been having the problem with incontinence?
2. How often are you incontinent (wet yourself) and how often are you voiding in the toilet?
3. Do you wet yourself during the day and /or night?
4. Do you leak small or large amounts of urine?
5. When you feel the urge to go, do you have trouble getting to the bathroom in time?
6. Do you wake up wet at night?
7. Do you leak urine with coughing/sneezing/activity
8. Do you have to strain to pass urine?
9. Do you have the feeling that your bladder is not empty after passing urine?
10. Do you have difficulty getting to the toilet?
11. Do you have burning when you pass urine?
12. Are you constipated?