

INCONTINENCE SCORE SHEET

NAME: _____

DATE OF BIRTH: _____

1.) How often do you leak urine? (check one box)

- Never 0
- About once a week or less often 1
- Two or three times a week 2
- About once a day 3
- Several times a day 4
- All the time 5

2.) We would like to know how much urine you think leaks.

How much urine do you usually leak (whether you wear protection or not?) (check one box)

- None 0
- A small amount 2
- A moderate amount 4
- A large amount 6

3.) Overall, how much does leaking urine interfere with your everyday life?

Please circle a number between 0 (not at all) and 10 (a great deal)

0 1 2 3 4 5 6 7 8 9 **10**
 not at all a great deal

4.) When does urine leak? (Please check all that apply to you)

- Never – urine does not leak
- Leaks before you can get to the toilet
- Leaks when you cough or sneeze
- Leaks when you are asleep
- Leaks when you are physically active/exercising
- Leaks when you have finished urinated and are dressed
- Leaks for no obvious reason
- Leaks all the time