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**International Consultation on Incontinence Questionnaire (ICIQ)**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please answer the following questions according to how you have been, on average, over the **past four weeks**:

1. How often do you leak urine? Check one box.
   * Never (0)
   * About once a week or less often (1)
   * Two to three times a week (2)
   * About once a day (3)
   * Several times a day (4)
   * All the time (5)
2. 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? 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 | | | | | |

|  |  |
| --- | --- |
| **Total ICIQ Score (Question 1 + 2 + 3)** |  |

1. When does urine leak? Check all that apply.
   * 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 urinating and are dressed
   * Leaks for no obvious reason
   * Leaks all the time