

Questionnaire Regarding Quality of Life and Urinary Leakage

Name:.....

Date:.....

Do you experience any of the following problems, and if so, to what extent?

	Not at all	A little	Moderate	A lot
	0	1	2	3
1. Needing to go to the toilet very often?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Urinary leakage associated with a strong urge to urinate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Urinary leakage associated with physical activity, coughing, or sneezing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Small amounts of urinary leakage (drops)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Difficulty emptying the bladder?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Pain or discomfort in the lower abdomen or genital area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Does urinary leakage and/or prolapse affect you in terms of:

	Not at all	A little	Moderately	A lot
	0	1	2	3
1. Ability to perform household chores (cooking, cleaning, washing clothes)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Leisure activities such as walking, swimming, or other physical activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Entertainment (e.g., movies, concerts)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Ability to travel by car or bus more than 30 minutes from home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Participation in social activities outside the home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Mental health (nervousness, depression, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Frustration; I feel prevented from doing what I want	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>