Joseph (Jo) Schoeman

UROLOGICAL SURGEON

FRACS, FCS (Urol) SA, MBChB (Pret, SA)
291247DJ/ 2912477T

INCONTINENCE QUESTIONAIRE - ICIQ-SF

Name:_____ DOB:_____Date:_____ Male / Female

(Initial & Surname) (Circle)

Over the past month:

1. How *often* do you leak?

- never 0
- once a week or less 1
- two to three times a week 2
- 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?

- none 0
- small amounts 2
- moderate amounts 4
- large amounts 6

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

- on a scale of **0** *(not at all)* to **10** *(a great deal)*

0 1 2 3 4 5 6 7 8 9 10

Total: 1 + 2 + 3 /21

4. *When* does your urine leak?

Never

Before reaching the toilet

Coughing and sneezing

Asleep

When physically active or with exercise

When you have finished urinating

No obvious reason

All the time

The Wesley Hospital
Suite 10 Level 9
Evan Thompson Building
24 Chasely Street
AUCHENFLOWER QLD 4066

The Wesley HOSPITAL

P: +61 07) 3371-7288
F: +61 (7) 3870-5350
e: urojo2@bigpond.com
Web: www://brisbane-urologist.com.au
Emergency: 0403 044 072