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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