

Incontinence Patient Profile

Name _____ Date _____

Please answer each question below by making a checkmark (✓) in the appropriate box.
Bring this form with you to your first appointment.

1. How long have you had a problem with urinary leakage (incontinence)?
 - 1 week–3 months
 - 3–12 months
 - 1–5 years
 - 5–10 years
 - More than 10 years
 - After surgery Type: _____
2. Did the urine leakage:
 - Begin suddenly
 - Develop gradually over time
3. How often do you lose urine/water during a typical week?
 - Less than once a week
 - Once a week
 - More than once a week
 - Once a day
 - More than once a day
4. When does the leakage occur?
 - Mainly during the day
 - Mainly at night
 - Both day and night
5. When you leak/lose, how much do you leak?
 - Damp/a few drops
 - Wet enough to wet underpants
 - Quite wet, a cupful (soak pads/other protection)
6. When your bladder feels full, how long can you hold your urine?
 - Less than a minute or two
 - Just a few minutes
 - More than a few minutes
 - Cannot tell if bladder is full
7. Do you experience urinary leakage during any of the following?
 - Coughing
 - Sneezing
 - Laughing
 - Walking
 - Active exercise
 - While sleeping
 - Lifting heavy objects
 - When changing position
 - Dribbling after urination
 - On the way to the bathroom
 - Without being aware
 - "Key in door" (when trying to open door)
 - Other: _____
 - Nervousness
 - Rushing
 - Running water
 - Cold weather
 - Continual leakage
8. Do you have strong urinary urges you cannot always control?
 - Yes
 - No, never
9. Do you have have trouble getting to the toilet on time?
 - Yes
 - No, never
10. How often do you urinate during the day?
 - More often than every hour
 - About every 1–2 hours
 - About every 3–5 hours
 - Frequency varies
 - Unknown
11. Do you wake up at night to urinate?
 - Never or rarely
 - About one to two times
 - Three or more times
12. When urinating, do you experience?
 - Problem starting stream
 - Weak, slow stream/dribbling
 - Pain
 - Discomfort
 - Burning
 - Blood in urine
 - Bladder not emptying fully
 - Stopping and starting urine stream
 - None of the above

(continued)

13. Do you use any of the below for protection during urinary leakage? (Check all that apply)
- None
 - Pantiliner
 - Sanitary napkins/feminine hygiene pads
 - Minipads
 - Guards for men
 - Undergarments (with straps or buttons)
 - Protective underwear—disposable
 - Adult briefs/diapers
 - Bed or furniture pads
 - Cloth garments
 - Place pads in underwear
 - Homemade pads, tissues
 - Bedside commode/urinal
 - Other, please note below _____
14. How many times per day do you need to change pads or other products?
- 1 3 5
 2 4 6 or more
15. Have you ever seen a urologist or other doctor for your problem?
- Yes No
 Name (if, yes) _____

 What did he/she do? _____

16. Are you avoiding certain activities because of a urine loss problem?
 Yes No
17. Are you sexually active now?
 No Yes, then answer a, b, c, d
- a. Do you have difficulty getting or keeping an erection?
 Yes No
- b. If yes, did your problem start with prostate cancer surgery?
 Yes No
- c. Do you have pain/discomfort with intercourse?
 Yes No
- d. Do you ever leak/lose urine during intercourse?
 Yes No
18. How often do you have a bowel movement?
 Once a day
 More than one per day
 2–3 times a week
 Less than 1 time once a week
19. Do you have any of the following?
 Constipation Bloody stools
 Diarrhea None of the above
20. Do you use laxatives?
 No Yes Which ones?

21. Do you ever lose control of your bowels?
 Yes No
22. Has there been a change in the pattern of your bowel movements in the past year?
 Yes No
23. Have you ever tried to do pelvic muscle exercises or Kegel exercises?
 No Yes
 If yes, describe how you have done them:

Comments: _____

Reviewed by: _____ Date: _____