Application 1

**International Consultation on Incontinence. Questionnaire Urinary Incontinence Short Form (ICIQ-SF)**

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| 1. Date of birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. Gender \_\_\_\_\_\_\_   ***Please, answer to the questions according to situation of the previous month:***  3. How often do you observe urinary leak (choose the most appropriate answer)?   * Never – 0 * One time per week or rarer – 1 * Two or three times per week – 2 * One time a day – 3 * Several times a day – 4 * All time – 5   4. Indicate the volume of urinary leak (choose the most appropriate answer).   * None – 0 * Small volume – 2 * Sufficient volume – 4 * High volume – 6   5. How urinary leak affects your daily life (encircle the required number)?  1 2 3 4 5 6 7 8 9 10  *No influence Very strong influence*  6. In which situations do you have urine leak (choose the most appropriate answer)?   * Never – no urine leak * While going to bathroom * When coughing and sneezing * When sleeping * During physical load * Immediately after toilet and putting the clothes on * Without specific causes * All time   **Points of ICIQ-SF (3+4+5)** \_\_\_\_\_\_\_\_\_\_\_\_ |