

Entered: __/__/20__ mm dd yy	Initials: _____	Verified: __/__/20__ mm dd yy	Initials: _____
Patient ID _____ - _____ - _____			VISIT Visit: _____
For office use only.			

UIF – Version: 12/15/2006 FORMV

Form Completion Date __/__/20__ **UIFDAT**
mm dd yy

Directions: For the following questions, please consider the **past 3 months**.

1. Many people complain that they leak urine accidentally. In the **past 3 months**, how often have you typically leaked urine, even a small amount? (Please record urine loss for any reason and *check one box only*.) **LEAK**

- 1. Never → *Skip to question 8*
- 2. Less than once per month → *Skip to question 8*
- 3. Monthly (once or more each month) → *Skip to question 8*
- 4. Weekly (once or more each week)
- 5. Daily (once or more each day)

2. In the **past 3 months**, how much urine have you typically lost with each episode of urine loss? **LOSS**

- 1. Drops
- 2. Small splashes (1 to 2 teaspoons)
- 3. More

3. In the **past 3 months, in a typical week**, how often have you leaked urine, even a small amount:

- a. with a physical activity like coughing, sneezing, lifting or exercise? _____ times per week
COUGH
- b. with an urge or the feeling that you needed to empty your bladder but you could not get to the toilet fast enough? _____ times per week
URGE
- c. for other reasons (**without** any physical activity and **without** a sense of urgency)? _____ times per week
LEAKO

4. In the **past 3 months, in a typical week**, have you used supplies (pads or protection) specifically for your urine leakage? **PROTECT**

- 0. No
- 1. Yes

↓
Skip to question 5

↓	4.1 How many of each of the supplies listed below have you used in a typical week specifically for your urine leakage?
a. Pantyliners or minipads LINER	_____ pads per week
b. Maxipads such as Kotex or Modess MAXI	_____ pads per week
c. Incontinence pads such as Serenity or Poise INCONT	_____ pads per week
d. Disposable undergarment or protective underwear DISPOS	_____ undergarments per week

5. In the **past 3 months**, have you had treatments for urine leakage? 0. No 1. Yes **URILEAK**

If yes, check "no" or "yes" to each:

No	Yes	
<input type="checkbox"/>	<input type="checkbox"/>	a. Medication LEAKMED
<input type="checkbox"/>	<input type="checkbox"/>	b. Kegel exercises, biofeedback, bladder training (behavioral therapy) LEAKKEGL
<input type="checkbox"/>	<input type="checkbox"/>	c. Changes in fluid intake (decrease fluids, stop caffeine) LEAKFLUD
<input type="checkbox"/>	<input type="checkbox"/>	d. Other LEAKOTH (Please describe <u> LEAKOTHS </u>)

6. In the **past 3 months**, how much has your urine leakage **affected your day-to-day activities**? **AFFECT**

Not at all	Slightly	Moderately	Quite a bit	Extremely
(1)	(2)	(3)	(4)	(5)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. In the **past 3 months**, how much has your urine leakage **bothered** you? **BOTHR**

Not at all	Slightly	Moderately	Quite a bit	Extremely
(1)	(2)	(3)	(4)	(5)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Have you had surgery for urine leakage since your bariatric surgery? **SURGAFT**

0. No 1. Yes → When: ___ / ___ (month/year) **SURGMO/SURGYR**