

International Consultation on Incontinence Modular Questionnaire (ICIQ)

Many people leak urine some of the time. This questionnaire is to see how often you leak urine and how much it bothers you. Please answer the following questions, thinking about how you have been, on average, over the PAST FOUR WEEKS.

Name: _____ Age: _____

Are you (circle one): Female Male Today's Date: _____

1. How often do you leak urine?

(Tick 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. We would like to know how much urine do you think leaks.

How much urine do you usually leak (whether you wear protection or not)?

(Tick 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?

Please 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

ICIQ score: sum scores 1 + 2 + 3

4. When does urine leak?

(Tick all that apply to you)

- never – urine does not leak
- leaks before you can get to the toilet
- leaks when you cough and 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

