

## Incontinence Impact Questionnaire

Rate how your urinary incontinence affects you by using the following scale:

- Not at all = 0
- Slightly = 1
- Moderately = 2
- Greatly = 3
- Not applicable = N/A

### Daily Activities

Cooking	0	1	2	3	N/A
Housekeeping	0	1	2	3	N/A
Laundry	0	1	2	3	N/A
Household repair work	0	1	2	3	N/A
Shopping	0	1	2	3	N/A
Hobbies	0	1	2	3	N/A
Physical recreation	0	1	2	3	N/A
Entertainment	0	1	2	3	N/A
Travel (under 30 min)	0	1	2	3	N/A
Travel (over 30 min)	0	1	2	3	N/A
Visits to places with unknown restrooms	0	1	2	3	N/A
Vacation	0	1	2	3	N/A
Church or temple attendance	0	1	2	3	N/A
Volunteer activity	0	1	2	3	N/A

### Social Interaction

Having friends visit	0	1	2	3	N/A
Visiting friends or relatives	0	1	2	3	N/A
Participating in social activities outside the home	0	1	2	3	N/A
Relationships with friends	0	1	2	3	N/A
Relationships with family	0	1	2	3	N/A
Relationship with husband or wife	0	1	2	3	N/A
Sexual relations	0	1	2	3	N/A
Way you dress	0	1	2	3	N/A

### Self-perception

Physical Health	0	1	2	3	N/A
Mental Health	0	1	2	3	N/A
Fear of odor	0	1	2	3	N/A
Fear of embarrassment	0	1	2	3	N/A