



Incontinence Impact Questionnaire

Name: _____ Date: _____
Occupation: _____ Age: _____

Some men/women find that accidental urine loss and/or prolapsed may affect their activities, relationships and feelings. The questions below refer to areas in your life that may have been influenced or changed by your problem. For each question, check the response that best describes how much your activities, relationships, and feelings are being affected by urine leakage and/or prolapse.

Has urine leakage and/or prolapsed affected your:

1. Ability to do household chores (cooking, housecleaning, laundry)
Not at all Slightly Moderately Greatly
2. Ability to do usual maintenance or repair work in home or yard
Not at all Slightly Moderately Greatly
3. Shopping activities
Not at all Slightly Moderately Greatly
4. Hobbies and pastime activities
Not at all Slightly Moderately Greatly
5. Physical recreational activities such as walking, swimming, or other exercise
Not at all Slightly Moderately Greatly
6. Entertainment activities such as going to a movie or concerts
Not at all Slightly Moderately Greatly
7. Ability to travel by car or bus for distances less than 20 minutes away from home
Not at all Slightly Moderately Greatly
8. Ability to travel by car or bus for distances greater than 20 minutes away from home
Not at all Slightly Moderately Greatly
9. Going to places if you are not sure about available rest rooms
Not at all Slightly Moderately Greatly
10. Going on vacation
Not at all Slightly Moderately Greatly



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11. Church or temple attendance	Not at all	Slightly	Moderately	Greatly
12. Volunteer activities	Not at all	Slightly	Moderately	Greatly
13. Employment (work) outside the home	Not at all	Slightly	Moderately	Greatly
14. Having friends visit you in your home	Not at all	Slightly	Moderately	Greatly
15. Participating in social activities outside your home	Not at all	Slightly	Moderately	Greatly
16. Relationship with friends	Not at all	Slightly	Moderately	Greatly
17. Relationship with family excluding husband/companion	Not at all	Slightly	Moderately	Greatly
18. Ability to have sexual relations	Not at all	Slightly	Moderately	Greatly
19. Way you dress	Not at all	Slightly	Moderately	Greatly
20. Emotional health	Not at all	Slightly	Moderately	Greatly
21. Physical health	Not at all	Slightly	Moderately	Greatly
22. Sleep	Not at all	Slightly	Moderately	Greatly
23. Does fear or odor restrict your activities	Not at all	Slightly	Moderately	Greatly
24. Does fear of embarrassment restrict your activities	Not at all	Slightly	Moderately	Greatly



In addition, does your problem cause you to experience any of the following feelings

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|----------------------------|------------|----------|------------|---------|
| 25. Nervousness or anxiety | Not at all | Slightly | Moderately | Greatly |
| 26. Fear | Not at all | Slightly | Moderately | Greatly |
| 27. Frustration | Not at all | Slightly | Moderately | Greatly |
| 28. Anger | Not at all | Slightly | Moderately | Greatly |
| 29. Depression | Not at all | Slightly | Moderately | Greatly |
| 30. Embarrassment | Not at all | Slightly | Moderately | Greatly |