



Urology

Patient Name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 MRN: \_\_\_\_\_  
 Date of Service: \_\_\_\_\_  
 Physician: \_\_\_\_\_

### Incontinence Impact Questionnaire, Short Form (IIQ-7)

Some people find that accidental urine loss may affect their activities, relationships, and feelings. For each question, circle the response that best describes how much your activities, relationships, and feelings are being affected by urine leakage over the past month.

**Has urine leakage (incontinence) affected your:**

	Not at All	Slightly	Moderately	Greatly
<b>Ability to do household chores (cooking, housecleaning, laundry)?</b>	0	1	2	3
<b>Physical recreation such as walking, swimming, or other exercise?</b>	0	1	2	3
<b>Entertaining activities (movies, concerts, etc.)?</b>	0	1	2	3
<b>Ability to travel by car or bus more than 30 minutes from home?</b>	0	1	2	3
<b>Participation in social activities outside your home?</b>	0	1	2	3
<b>Emotional health (nervousness, depression, etc.)?</b>	0	1	2	3
<b>Feeling frustrated?</b>	0	1	2	3