

Subject number

Subject initial

ICIQ-UI Short Form (US English)

**CONFIDENTIAL**

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**Today's date**

Many people leak urine some of the time. We are trying to find out how many people leak urine, and how much this bothers them. We would be grateful if you could answer the following questions, thinking about how you have been, on average, over the PAST FOUR WEEKS.

**1 Please write in your date of birth:**

  

DAY

MONTH

YEAR

**2 Are you (check one):**

Female Male 

**3 How often do you leak urine? (Check one box)**

- never  0  
 about once a week or less often  1  
 two or three times a week  2  
 about once a day  3  
 several times a day  4  
 all the time  5

**4 We would like to know how much urine you think leaks.**

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

(Check one box)

- none  0  
 a small amount  2  
 a moderate amount  4  
 a large amount  6

**5 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 3+4+5

**6 When does urine leak? (Please check all that apply to you)**

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

**Thank you very much for answering these questions.**