

Affix patient label here

Date:

This questionnaire will help us to assess your urinary symptoms and decide on the best treatment for you. You may be asked to complete it at subsequent clinic visits in order to reassess your symptoms at that time. **Please answer these questions thinking about how you have been, on average over the PAST FOUR WEEKS.**

**How often do you leak urine?** (Tick 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

**We would like to know how much urine 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

**Overall how much does leaking urine interfere with your everyday life?**

Please ring 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

**When does urine leak?**

(please tick all that apply to you)

- never - urine does not leak   
 leaks before you can get to the toilet   
 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

**Do you use incontinence pads?**  Yes  No

**If yes, how many do you use per day?**

1-2  3-4  5+

**Have you had any complications that have required readmission to hospital?**

- Yes   
 No

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*To be completed by clinician*

**Operating Surgeon:**

- PJG
- MCD
- MES
- SpR
  
- Verdin
- Wilde
- McKenna
- Fountain
- Kingston
- Baden Fuller
- Davies

**Operation:**

- Obdurator Tape
- Single Incision Tape
- TVT
- AUS
- Advance (Male)
- Colposuspension

**Timing of appointment:**

- Pre-Surgical
  - Postop division of tape
  - 3 Months Post-op
  - 6 Months Post-op
  - 12 Months Post-op
  - >12 months Post-op
  
  - Discharged at this appointment
- Spinal patient
  - Non-spinal patient

***NB. Clinician - Please enter total scores in notes - then send form up in marked folder to the urology office for processing***