Answered by: PWD / Car	er		ID number:
(Please delete as appropriate)		Γ	Date:/_
1. Problems with going to the	toilet		L_J/ L_JL_
a) Toileting difficulties? (e.g. find	ling the toilet)	
Yes (go to Q.2)		No 🗌	
b) Any problems with you	ır bladde	er / passing water?	
Yes [(do to Q.3)		No 🗌	
c) Any problems with you	ur bowel	ls?	
Yes [(go to Q.4)		No 🗌	
d) Any problems with bot	th bladde	er and bowels?	
Yes [] (go to Q.3 AND Q	4)	No 🗌	
2) Toileting difficulties			
a) What happens?			
Can't find the toilet		Uses inappropriate receptacle / place	
Finds the toilet but can't use it		Can't manage clothing	
Hides evidence of accidents		Faecal smearing	
Won't sit on the toilet		Not recognising the urge or desire to act o	n it
Screaming		Other (please give details):	

b) Ho	ow frequ	ently?									
All tl	he time				Two	or three	times a	week			
Seve	ral times	s a day			Abou	t once a	week o	r less of	ten		
Abou	it once a	day			Neve	r					
			is bother			.d 10 (s	amont do	o.1).			
			r betweer								
0	1	2	3	4	5	6	7	8	9	10	
not a	t all								a g	reat deal	
-			n do the to? Please 1	_			•			nterfere w eat deal)	ith your
0	1	2	3	4	5	6	7	8	9	10	
not a	t all								a g	reat deal	
e) W	hat helps	s you to	deal with	n that?							
Activ	ve – doir	ng somet	hing befo	ore			Passi	ve – afte	er (e.g. p	oads) 🔲	
Pleas	se explai	n:									
f) Ar	e the str	ategies l	ootherson	ne?							
(Plea	se ring a	numbe	r between	n 0 (not	at all) an	nd 10 (a	great de	al)			
0	1	2	3	4	5	6	7	8	9	10	
not a	t all								a g	reat deal	
g) Ha	ave you	sought a	dvice or	help on	this fron	n any pi	ofession	al?			
Yes	(e.g.	continer	nce nurse) No [
	i) Wl	no?									
	ii) W	hat help	was offe	ered/ did	you gai	n?					

3) Problems with your bladder / passing water

3) ICIQ	-UI											
a) How o	a) How often do you leak urine? (Tick one box)											
All the t	ime					Two o	or three times a week					
Several t	times a	day				About	once a v	week or	less oft	en		
About or	nce a da	ay				Never						
b) We w	ould lil	ke to kno	ow how	much u	rine <u>you</u>	think le	aks.					
How mu	ch urin	e do you	u <u>usuall</u> y	<u>/</u> leak (v	whether y	ou wea	r protect	ion or n	ot)? (Ti	ick one bo	ox)	
	A large	amount	Į.				A sma	ll amou	nt			
	A mode	erate am	ount				None					
c) Overa	ıll, how	much d	loes leak	ing urin	e interfe	re with	your eve	eryday l	ife?			
Please ri	ng a nu	ımber be	etween ((not at	all) and	10 (a gr	eat deal)				
0	1	2	3	4	5	6	7	8	9	10		
not at all	1								a gi	reat deal		
d) When	does u	rine leal	k? (Plea	se tick a	ll that ap	ply to y	ou / PW	D)				
Leaks al	l the tir	ne										
Leaks w	hen you	u are asl	eep									
Leak for	no obv	ious rea	ison									
Leaks w	hen you	u cough	or sneez	ze								
Leaks w	hen you	u have fi	inished ı	ırinating	g & are d	lressed						
Leaks be	efore yo	ou can g	et to the	toilet								
Leaks w	hen you	u are ph	ysically	active/e	xercisin	g						
Never –	urine d	oes not	leak									
ICIQ-N												

e) How often do you pass urine during the day?

13 time	es or mo	re 🔲 11	1 to 12 ti	imes 🗌	9 to 10	times [7 to 8	times [] 1 to 6	times
i) How	much de	oes this	bother y	ou?						
(Please	ring a n	umber b	etween	0 (not at	all) and	10 (a gr	eat deal)		
0	1	2	3	4	5	6	7	8	9	10
not at a	.11								a grea	at deal
f) Durii	ng the ni	ght, hov	v many t	imes do	you hav	e to get	up to uri	inate, on	average	?
	Four or	more [Three [Two		One []	None
i) How	much de	oes this	bother y	ou?						
(Please	ring a n	umber b	etween	0 (not at	all) and	10 (a gr	eat deal)		
0	1	2	3	4	5	6	7	8	9	10
not at a	.11								a grea	at deal
Additio	onal									
g) Over	rall, how	much d	loes leak	ing urin	e interfe	re with	your eve	ryday lii	fe?	
Please	ring a nu	ımber be	etween 0	(not at	all) and	10 (a gre	eat deal)			
0	1	2	3	4	5	6	7	8	9	10
not at a	.11								a grea	at deal
		ou to de								
Active	– doing	somethi	ng befor	re			Passive	e - after (e.g. pad	s) 🗌
Please	explain:									
i) Are t	he strate	gies bot	hersome	.9						
					all) and	10 (a gr	eat deal)		
0	1	2	3	4	5	6	7	8	9	10
not at a	.11								a grea	at deal

j) Have you so	ught advice or help on this from	any professional?	
Yes [(e.g. c	ontinence nurse) No [
i) Who	o?		
ii) Wh	at help was offered/ did you gain	?	
4) Problems v	vith your bowel		
a) Do yo	u have problems with your bowel	s?	
Yes 🗌	(please go to Q.4b)	No 🗌	
b) What type of	of problem?		
i) Con	stipation		
	Yes ☐ (please go to Q.5)	No 🗌	
ii) Lea	akage / incontinence	_	
	Yes ☐ (please go to Q.6)	No 🗆	
iii) Bo		110	
111) 20			
:) Od	Yes [(please go to Q.5 then (
1V) Oti	her e.g. uncontrollable wind (flatu	18):	
	Yes [] (please give details below	ow) No 🗌	
Details:			
5) Constipation	on		
a) How often of	do you feel constipated?		
All the time		Two or three times a week	
Several times a	a day	About once a week or less often	

About	once a d	ay				Never				
h) Hou	, much d	loes this	bother y	you?						
			oetween		hne (lle	10 (a m	reat deal)		
		2	3	4					0	10
0	1	2	3	4	3	0	7	8	9	10
not at a	ıll								a gre	at deal
c) Over	rall, how	much o	does con	stipation	interfer	e with y	our ever	yday lif	e?	
Please	ring a nu	umber b	etween () (not at	all) and	10 (a gr	eat deal)			
0	1	2	3	4	5	6	7	8	9	10
not at a	111								a gre	at deal
			eal with							
Active	doing	someth	ing befor	re						
Please	explain:									
e) Are	the strat	egies bo	thersom	e?						
(Please	ring a n	umber l	oetween	0 (not at	all) and	10 (a g	reat deal)		
0	1	2	3	4	5	6	7	8	9	10
not at a	111								a gre	at deal
f) Have nurse)		ught adv	vice or he	elp on th	is from	any prof	essional	?	Yes [] (e.g. continence
	i) Who	?								_
	ii) Wha	at help v	vas offer	ed/ did y	you gain	?				-
6) Leal	kage / ir	ncontine	ence of f	aeces						
a) How	often a	re you ii	ncontine	nt of fae	ces?					

All the time		Two	or three ti	mes a	week		
Several times a day		Abou	it once a v	veek o	r less oft	en	
About once a day		Neve	r				
b) What type of stool is it? details below)	Liquid 🗌		Solid		`Othe	er 🗌 (ple	ease give
Details:							
c) When does it happen?							
Small amounts leaking all th	e time						
Occurs when you are asleep							
Occurs when you are passive	e, just sitting						
Occurs before you can get to	the toilet						
Occurs at particular points e.	g. after meals (p	lease give	e details):				
	9						
c) How much does this bother	-	1.10 /	. 1 1	`			
(Please ring a number between					0	10	
0 1 2 3	4 5	6	7	8	9	10	
not at all					a g	reat deal	
d) Overall, how much does f			-		ryday lii	fe?	
Please ring a number betwee	n 0 (not at all) ar	nd 10 (a g	great deal))			
0 1 2 3	4 5	6	7	8	9	10	
not at all					a g	reat deal	
e) What helps you to deal wi	th that?						
Active – ding something bef	ore		Passive	e - afte	r (e.g. pa	ads)	
Please explain:							

(Please	ring a r	number l	between	0 (not a	t all) and	10 (a gı	reat deal)		
0	1	2	3	4	5	6	7	8	9	10
not at a	all								a grea	at deal
	e you so	ought ad	vice or h	ielp on tl	nis from	any prof	fessional	!?	Yes 🗌	(e.g. continence
	i) Who	?								-
	ii) Wh	at help v	vas offei	red/ did :	you gain	?				_
										number:
7) Car	er									
a) How	much o	loes the	person y	ou care	for's inc	ontinen	ce bother	r you?		
(Please	ring a r	number l	oetween	0 (not a	t all) and	10 (a gi	eat deal)		
0	1	2	3	4	5	6	7	8	9	10
not at a	all								a grea	at deal
b) Ove	rall, hov	v much o	does this	interfer	e with yo	our ever	yday life	??		
Please	ring a n	umber b	etween (0 (not at	all) and	10 (a gre	eat deal)			
0	1	2	3	4	5	6	7	8	9	10
not at a	all								a grea	at deal
c) Are	the strat	egies bo	thersom	e?						
(Please	e ring a r	number l	oetween	0 (not a	t all) and	10 (a gi	reat deal)		
0	1	2	3	4	5	6	7	8	9	10
not at a	all								a grea	at deal

f) Are the strategies bothersome?

d) Have you sought advice or he	elp on this from any professional?
Yes [(e.g. admiral nurse)	No 🗌
i) Who?	
ii) What help was offere	ed/ did you gain?