

LANSING INSTITUTE OF UROLOGY, P.C.

David K. Johnson, M.D., F.A.C.S.
 Joseph W. Mashni, M.D., F.A.C.S.
 Leonard J. Zuckerman, M.D., F.A.C.S.
 Rafid H. Yousif, M.D., M.P.H., F.A.C.S

1625 Ramblewood Dr.
 East Lansing, Michigan 48823
 Phone: (517)324-3700
 Fax: (517)324-4588

MALE INCONTINENCE QUESTIONNAIRE

Do you lose urine with any of the following?	Always	Sometimes	Never
Coughing or sneezing	—	—	—
Laughing	—	—	—
Lifting	—	—	—
Active exercise (running, etc.)	—	—	—
Minimal exercise	—	—	—
Sleeping	—	—	—
Nervousness or increased anxiety	—	—	—
Leakage unrelated to any specific cause	—	—	—
Standing up	—	—	—

Is your clothing?
 Damp —
 Wet —
 Soaking Wet —

For protection do you use?
 Pads —
 Tissue —
 Diapers —

At each change, are they?
 Damp —
 Wet —
 Soaking Wet —

How many protective pads do you use a day? ____

	Y	N
Do you lose urine by continuous dribbling?	—	—
Do you lose urine in sudden large amounts as if your whole bladder has emptied uncontrollably?	—	—
When you have the desire to urinate, do you lose urine before you can get to the bathroom or toilet seat?	—	—
Do you lose urine when you stand after sitting or lying?	—	—
Do you feel that you empty your bladder completely when you urinate?	—	—
Have you had radiation treatments to the pelvic area?	—	—
Did your problem begin after a delivery, radiation, or surgery?	—	—

	Every hour	1-2 hrs.	2-3 hrs.	4-plus hours
How often do you pass urine during the day?	—	—	—	—
How often do you pass urine after to bed?	—	—	—	—

