

Please complete the questionnaire to tell us how your life is currently affected by your urinary incontinence and its treatment and how you would like to see it improve

In this part we would like you to think of the 5 most important areas of your life affected by your urinary incontinence and its treatment and write these in the boxes below.

If you cannot think of 5 areas then just fill as many boxes as you want. Some examples are shown below.

Work; household tasks (e.g. shopping); social activities; feeling depressed/anxious; personal hygiene; affecting your sleep

All other areas of your life affected by your stress urinary incontinence

Please score each area you listed in Part 1. The score should show how badly you were affected by your urinary incontinence over the *last month*. Give each area a score by circling the number.

In the same way, we would like you to rate "All other areas of your life affected by your urinary incontinence not listed above."

By this we mean all other aspects of life affected by your urinary incontinence and not included in the list you gave.

**As bad as
could possibly
be**

**As good as
could possibly
be**

Please circle one number on each line

→ 0 1 2 3 4 5 6 →

→ 0 1 2 3 4 5 6 →

→ 0 1 2 3 4 5 6 →

→ 0 1 2 3 4 5 6 →

→ 0 1 2 3 4 5 6 →

→ 0 1 2 3 4 5 6 →

We want you to "spend" 10 points to show which areas of your life you feel are most important to your overall quality of life.

Spend more points on areas you feel are most important to you and less on areas that you feel are not so important. You don't have to spend points on an area. You can't spend more than 10 points in total.

↑
Total number
of points that
you spend
must add
up to 10

↓
Total = 10