

ADDITIONAL QUESTIONS - for person with dementia using pads

3) ICIQ-UI

a) How often do you leak urine (outside of the pad)? (Tick one box)

- | | | | |
|---------------------|--------------------------|---------------------------------|--------------------------|
| All the time | <input type="checkbox"/> | Two or three times a week | <input type="checkbox"/> |
| Several times a day | <input type="checkbox"/> | About once a week or less often | <input type="checkbox"/> |
| About once a day | <input type="checkbox"/> | Never | <input type="checkbox"/> |

b) We would like to know how much urine you think leaks (outside of the pad).

How much urine do you usually leak? (Tick one box)

- | | | | |
|-------------------|--------------------------|----------------|--------------------------|
| A large amount | <input type="checkbox"/> | A small amount | <input type="checkbox"/> |
| A moderate amount | <input type="checkbox"/> | None | <input type="checkbox"/> |

c) Overall, how much does leaking urine (outside of the pad) 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

d) When does urine leak (outside of the pad?) (Please tick all that apply to you / PWD)

- | | |
|--|--------------------------|
| Leaks all the time | <input type="checkbox"/> |
| Leaks when you are asleep | <input type="checkbox"/> |
| Leak for no obvious reason | <input type="checkbox"/> |
| Leaks when you cough or sneeze | <input type="checkbox"/> |
| Leaks when you have finished urinating & are dressed | <input type="checkbox"/> |
| Leaks before you can get to the toilet | <input type="checkbox"/> |
| Leaks when you are physically active/exercising | <input type="checkbox"/> |

Never – urine does not leak

Other

Please explain:

h) What helps you to deal with that?

Active – doing something before Passive - after (e.g. pads)

Please explain: _____

i) Are the strategies bothersome?

(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

j) Have you sought advice or help on this from any professional?

Yes (e.g. continence nurse) No

i) Who? _____

ii) What help was offered/ did you gain? _____

ADDITIONAL QUESTIONS - for person with dementia wearing pads

ICIQ-N

f) During the night, how many times do you leak urine INTO the pad, on average?

Four or more Three Two One None

