Quality of Life Assessment Questionnaire Concerning Urinary Incontinence

How to fill in the questionnaire:

The following questions are about your health over the last 4 weeks.

Choose the answer which best describes what you feel or have felt over the last 4 weeks giving only one answer per line.

If you are not affected by certain activities (e.g.: sports but you do not practise any), put a tick in the "not applicable" box.

Please answer this questionnaire by yourself.

To answer, tick the box which applies to you.
Example: Over the last 4 weeks...

	Not applicable					
Question a	☐ 0	☐ 1	☐ 2	☑ 3	☐ 4	☐ 5

If you make a mistake, cross out the wrong answer and circle the one which best applies to your situation.

We thank you for your cooperation.

➢*Before beginning to fill in the questionnaire, please write in today's date below:*

Day	Month	Year

English (UK)

CONTILIFE™ © 1997 Sanofi-Aventis, France, All rights reserved

Review copy
Do not use without permission

DAILY ACTIVITIES

Over the last 4 weeks, how much have your urinary problems bothered you:

(Tick the box of your choice, one per line)

	Not applicable	Not at all	A little	Moderately	A lot	Extremely
1. when you were away from your home?		☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
2. when you were driving or being a passenger?	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
3. when going up or down stairs?		☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
4. when shopping?		☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
5. when waiting, queuing (bus stop, post office...)?		☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

Over the last 4 weeks, because of your urinary problems:

(Tick the box of your choice)

	Not at all	A little	Moderately	A lot	Extremely
6. have you had to take frequent breaks during your work or daily activities?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

Over the last 4 weeks, because of your urinary problems, how often:

(Tick the box of your choice)

	Never	Rarely	Sometimes	Often	All the time
7. have you woken up having wet yourself?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

Review copy
Do not use without permission

CONTILIFE™ © 1997 Sanofi-Aventis, France, All rights reserved

EFFORT

Over the last 4 weeks, how much have your urinary problems bothered you:

(Tick the box of your choice, one per line)

	Not applicable	Not at all	A little	Moderately	A lot	Extremely
8. when lifting or carrying heavy objects?		☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
9. when doing sport (running, dancing, keep-fit)?	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
10. when blowing your nose, sneezing or coughing?		☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
11. when you had a fit of laughter?		☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

Review copy
Do not use without permission

CONTILIFE™ © 1997 Sanofi-Aventis, France, All rights reserved

SELF IMAGE

Over the last 4 weeks, because of your urinary problems, how often:

(Tick the box of your choice, one per line)

	Never	Rarely	Sometimes	Often	All the time
12. have you felt less attractive?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
13. were you afraid of giving off an unpleasant odour?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
14. were you afraid that other people might become aware of your problems?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
15. were you afraid of leaving stains at other people's homes or at work?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
16. did you have to change your clothes?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

Over the last 4 weeks, in spite of your urinary problems, how often:

Review copy
Do not use without permission

(Tick the box of your choice)

	Never	Rarely	Sometimes	Often	All the time
17. have you felt good in yourself?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

Over the last 4 weeks, because of your urinary problems:

(Tick the box of your choice)

	I never wear pads	Not at all	A little	Moderately	A lot	Extremely
18. have you been <u>bothered</u> by having to wear pads?	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

CONTILIFE™ © 1997 Sanofi-Aventis, France, All rights reserved

EMOTIONAL CONSEQUENCES

Over the last 4 weeks, because of your urinary problems, how often :

(Tick the box of your choice, one per line)

	Never	Rarely	Sometimes	Often	All the time
19. have you felt discouraged?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
20. have you lost patience?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
21. have you been worried that you might have a urinary ‘accident’?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
22. have you had the feeling of not being able to control your emotional reactions?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
23. have you felt obsessed by your urinary problems?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
24. did you need to think about taking pads with you before going out?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

Review copy
Do not use without permission

CONTILIFE™ © 1997 Sanofi-Aventis, France, All rights reserved

SEXUALITY

Over the last 4 weeks, because of your urinary problems, how much:

(Tick the box of your choice, one per line)

	Not applicable	Not at all	A little	Moderately	A lot	Extremely
25. have you felt anxious at the thought of having sexual intercourse?		☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
26. have you changed your sexual practices?	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
27. have you been afraid of having urine leaks during sexual intercourse?	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

OVERALL QUALITY OF LIFE

28. Taking your urinary problems into account, how would you currently assess your quality of life?

(Circle the answer of your choice)

1	2	3	4	5
Poor				Excellent

Review copy
Do not use without permission

PLEASE CHECK THAT YOU HAVE ANSWERED ALL THE QUESTIONS.

WE THANK YOU FOR YOUR PARTICIPATION.

English (UK)

CONTILIFE™ © 1997 Sanofi-Aventis, France, All rights reserved