Pre-Clinic Visit Questionnaire

Please print clearly

Name of patient (Last, first, M.I.):		☐ M ☐ F	**Date of birth**	**Today's date**
Marital status:	☐ Single ☐ Partnered ☐ Married ☐ Separated ☐ Divorced ☐ Widowed		**Who completed this questionnaire?** ☐ Self ☐ Caregiver	
Name of caregiver		**Relationship of caregiver to patient** ☐ Spouse ☐ Child ☐ Other relative _____ ☐ Friend		

Do you have	☐ Urine incontinence? If yes, please complete questions below ☐ If no, check this box and return this form	☐ Fecal incontinence? If yes, please complete questions below ☐ If no, check this box and return this form
How long have you had this condition?	**Urine** ☐ Just this past month ☐ Less than a year ☐ 1 to 3 years ☐ 3 to 5 years ☐ More than 5 years	**Feces** ☐ Just this past month ☐ Less than a year ☐ 1 to 3 years ☐ 3 to 5 years ☐ More than 5 years
How often do you experience incontinence?	☐ Once a month or less ☐ Once a week or less ☐ 2 or 3 times a week ☐ Once a day ☐ Several times a day	☐ Once a month or less ☐ Once a week or less ☐ 2 or 3 times a week ☐ Once a day ☐ Several times a day
How much leakage do you usually have?	☐ Small amount (just on underwear, pantiliner or small pad) ☐ Medium amount (on outer clothing or pad) ☐ Large amount or "major accidents" (to floor and shoes if no pad or brief is worn)	☐ Small amount (stays between buttocks or on underwear or pantiliner) ☐ Medium amount (on outer clothing or pad) ☐ Large amount or "major accidents" (to floor and shoes if no pad or brief is worn)
		Usual consistency of most fecal leaks ☐ Liquid ☐ Loose or unformed ☐ Formed and soft ☐ Formed and hard ☐ Very hard
When does leakage occur?	**Urine** ☐ With coughing and sneezing ☐ At night ☐ While undressing to sit on the toilet ☐ With movement or physical activity ☐ No obvious pattern ☐ Other _____	**Feces** ☐ With coughing and sneezing ☐ At night ☐ While undressing to sit on the toilet ☐ With movement or physical activity ☐ When I have gas ☐ No obvious pattern ☐ Other _____
Can you "hold" it until you get to the toilet?	**Urine** ☐ Always ☐ Usually ☐ Sometimes ☐ Never	**Feces** ☐ Always ☐ Usually ☐ Sometimes ☐ Never

Do you have skin changes in the area touched by leaked urine or feces?	☐ Redness ☐ Loss of skin ☐ Rash ☐ Broken skin ☐ Wound ☐ Itching	☐ Discomfort or pain ☐ Burning ☐ No complaints
Do you usually wear an absorbent pad?	☐ Pantiliner ☐ Pad ☐ Absorbent brief ☐ Sit on an underpad ☐ No	

This document was developed as part of a study funded by the National Institute of Nursing Research, NIH, R03806M38261

Follow-Up Visit Questionnaire

Please print clearly

Name of patient (Last, first, M.I.):		☐ M ☐ F	**Date of birth**	**Today's date**
Marital status:	☐ Single ☐ Partnered ☐ Married ☐ Separated ☐ Divorced ☐ Widowed		Who completed this questionnaire? ☐ Self ☐ Caregiver	
Name of caregiver		**Relationship of caregiver to patient** ☐ Spouse ☐ Child ☐ Other relative _____ ☐ Friend		

Overall, has your incontinence	**Urine** ☐ Gotten better ☐ Stayed about the same ☐ Gotten worse	**Feces** ☐ Gotten better ☐ Stayed about the same ☐ Gotten worse
Has the frequency of your incontinence	☐ Gotten better ☐ Stayed about the same ☐ Gotten worse	☐ Gotten better ☐ Stayed about the same ☐ Gotten worse
Has the amount of leakage	☐ Gotten better ☐ Stayed about the same ☐ Gotten worse	☐ Gotten better ☐ Stayed about the same ☐ Gotten worse
		Usual consistency of most fecal leaks ☐ Liquid ☐ Loose or unformed ☐ Formed and soft ☐ Formed and hard ☐ Very hard
Do you have skin changes in the area touched by leaked urine or feces?	☐ Redness ☐ Loss of skin ☐ Rash ☐ Broken skin ☐ Wound ☐ Itching	☐ Discomfort or pain ☐ Burning ☐ No complaints
Do you usually wear an absorbent pad?	☐ Pantiliner ☐ Pad ☐ Absorbent brief ☐ Sit on an underpad ☐ No	

Have you experienced	**Urine** ☐ New leakage that I did not have before	**Feces** ☐ New leakage that I did not have before
How long ago did the new leakage start?	**Urine** ☐ This past week ☐ This past month ☐ This past year ☐ More than a year ago	**Feces** ☐ This past week ☐ This past month ☐ This past year ☐ More than a year ago

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