Sample Wellness Evaluation Questionnaire

Patient's name:	Date:	
Phone:	Email:	
Sex: ☐ Male ☐ Female	Date of birth:	

1. On a scale of 0-10, how would you rate your core strength?



2. On a scale of 0-10, how would you rate your quality of sleep?



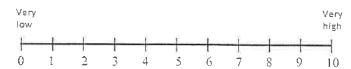
3. How many times per night do you wake up to use the bathroom? Please circle your answer.

4. How many times per week do you exercise? Please circle your answer.

5. Which of the following sports and exercise activities do you participate in? Please circle all that apply.

6. During the last month, have you accidentally leaked urine? (e.g. when laughing, jumping, sneezing)

7. On a scale of 0-10, how would you rate your sexual libido?



	ICIQ-UI Short Form			
Initial number	CONFIDENTIAL	DAY	MONTH YEAR	
		To	oday's date	
Many people leak urine some of and how much this bothers to questions, thinking about how to the second sec	hem. We would be grat	eful if you could ans	wer the following	
1 Please write in your date of	of birth:	DAY MON	ITH YEAR	
2 Are you (tick one):		Female	Male	
3 How often do you leak uri	ne? (Tick one box)			
	,		never 0	
	abo	out once a week or less	s often 1	
		two or three times a	a week 2	
		about once	a day 3	
		several times	a day4	
		all th	ne time 5	
How much urine do you <u>u</u> (Tick one box)	<u>suany</u> leak (whether you	a small a a moderate a a large a	none 0 amount 2 amount 4	
5 Overall, how much does leaking urine interfere with your everyday life? Please ring a number between 0 (not at all) and 10 (a great deal)				
		7 8 9 10 a great	deal	
ICIQ score: sum scores 3+4+5				
6 When does urine leak? (F	lease tick all that apply to	you)		
never – urine does not leak				
leaks before you can get to the toilet				
leaks when you cough or sneeze				
leaks when you are asleep				
leaks when you are physically active/exercising leaks when you have finished urinating and are dressed				
leaks for no obvious reason				
leaks all the time				

Thank you very much for answering these questions.