

MESA URINARY INCONTINENCE QUESTIONNAIRE

Questionnaire Completion Date (DD/MMM/YYYY): / /

1. Does coughing gently cause you to lose urine?	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Often
2. Does coughing hard cause you to lose urine?	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Often
3. Does sneezing cause you to lose urine?	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Often
4. Does lifting cause you to lose urine?	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Often
5. Does bending cause you to lose urine?	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Often
6. Does laughing cause you to lose urine?	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Often
7. Does walking briskly/jogging cause you to lose urine?	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Often
8. Does straining when constipated cause you to lose urine?	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Often
9. Does getting up from a sitting to a standing position cause you to lose urine?	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Often
10. Some people receive very little warning and suddenly find that they are losing, or about to lose, urine beyond their control. How often does this happen to you? (Would you say...)	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Often
11. If you can't find a toilet or find a toilet that is occupied and you have an urge to urinate, how often do you end up losing urine and wetting yourself? (Would you say...)	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Often
12. Do you lose urine when you suddenly have the feeling that your bladder is very full?	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Often
13. Does washing your hands cause you to lose urine?	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Often
14. Does cold weather cause you to lose urine?	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Often
15. Does drinking cold beverages cause you to lose urine?	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Often

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Subject ID#: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
16. Were any of the responses on MESA "Sometimes" or "Often"? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Stress Incontinence Score (Questions 1-9): <input type="text"/> <input type="text"/>	Urge Incontinence Score (Questions 10-15): <input type="text"/> <input type="text"/>
Subject Completed: <input type="checkbox"/> OR Data Recorder Signature: _____ Date: ___/___/___	