



CENTRAL MARYLAND UROLOGY ASSOCIATES

PQRI Incontinence Questionnaire

CENTRAL MARYLAND UROLOGY ASSOCIATES, P.A. ■ MEDICAL PAVILION AT HOWARD COUNTY ■ 10710 CHARTER DR., SUITE 130 ■ COLUMBIA, MARYLAND 21044 ■ 410-772-7000

Name: _____

Date of Birth: _____ Date of Service: _____

1. During the last 3 months, have you leaked urine (even a small amount)?

- Yes
- No (If you answered No, please stop here.)

2. During the last 3 months, did you leak urine: (please check all that apply).

- A) When you were performing some physical activity, such as coughing, sneezing, lifting, or exercise?
- B) When you had the urge or feeling that you needed to empty your bladder, but could not get to the toilet fast enough?
- C) Without physical activity and without a sense of urgency?

3. During the last 3 months, did you leak urine most often: (please check only one).

- A) When you were performing some physical activity, such as coughing, sneezing, lifting, or exercise?
- B) When you had the urge or feeling that you needed to empty your bladder, but could not get to the toilet fast enough?
- C) Without physical activity and without a sense of urgency?
- D) About equally as often with physical activity as with a sense of urgency?