```

Female Primary Care Urinary Incontinence Screening Questions

WI-INTUIT Team – University of Wisconsin

**Resource Description:** This resource contains options for screening for urinary incontinence in your practice for both English and Spanish speakers.

This project was funded under grant number U18HS028738 from the Agency for Healthcare Research and Quality (AHRQ), U.S. Department of Health and Human Services (HHS). The authors are solely responsible for this document’s contents, findings, and conclusions, which do not necessarily represent the views of AHRQ or of HHS. Readers should not interpret any statement in this report as an official position of AHRQ or of HHS. None of the authors has any affiliation or financial involvement that conflicts with the material presented in this report.

# English Screening

**Options for UI Screening (may be done verbally, on paper, or electronically) - English**

3IQ – The 3 Incontinence Questions

*Can choose just the first question, or for additional details about type of urinary incontinence, can add question 2 or questions 2 and 3.*

1. During the last 3 months, have you leaked urine (even a small amount)?
   * No → Stop
   * Yes → Go to next question

nDuring the last 3 months, did you leak urine (check all that apply):

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

1. During the last 3 months, did you leak urine most often (check only one):
   * When you are performing some physical activities, such as coughing, sneezing, lifting, or exercise?
   * When you had the urge or feeling that you needed to empty your bladder, but you could not get to the toilet fast enough?
   * Without physical activity or a sense of urgency?
   * About equally as often with physical activities as with a sense of urgency?