Incontinence Impact Questionnaire (IIQ-7)

Incontinence Impact Assessment

Has losing urine or having a prolapse affected any of the following?

	NONE	SLIGHTLY	A MODERATE AMOUNT	A LARGE AMOUNT
1 Has it affected your ability to do household chores?				
2 Has it affected your ability to do physical activities such as walking, swimming, or other exercise?				
3 Has it affected your ability to participate in entertainment activities (movies, concerts, weddings, etc.)?				
4 Has it affected your ability to travel for more than 30 minutes by car or bus?				
5 Has it affected your ability to participate in social activities outside your home (such as meetings with friends, shopping, etc.)?				
6 Has it affected your emotional health?				
7 Has it caused you to feel frustrated?				

Cam C, Sakallı M, Ay P, Cam M, Karateke A. Validation of the short forms of the Incontinence Impact Questionnaire (IIQ7) and the Urogenital Distress Inventory (UDI-6) in a Turkish population. Neurourol Urodyn. 2007;26(1):129-33.