

The Questionnaire for female Urinary Incontinence Diagnosis (QUID)

	None of the time	Rarely	Once in a while	Often	Most of the time	All of the time
Do you leak urine (even small drops), wet yourself, or wet your pads or undergarments...						
1. when you cough or sneeze ?	<input type="checkbox"/>					
2. when you bend down or lift something up ?	<input type="checkbox"/>					
3. when you walk quickly , jog or exercise ?	<input type="checkbox"/>					
4. while you are undressing in order to use the toilet ?	<input type="checkbox"/>					
5. Do you get such a strong and uncomfortable need to urinate that you leak urine (even small drops) or wet yourself before reaching the toilet?	<input type="checkbox"/>					
6. Do you have to rush to the bathroom because you get a sudden, strong need to urinate?	<input type="checkbox"/>					

Scoring:

Each item scores 0 (None of the time), 1 (Rarely), 2 (Once in a while), 3 (Often), 4 (Most of the time) or 5 (All of the time). Responses to items 1, 2 and 3 are summed for the Stress score; and responses to items 4, 5, and 6 are summed for the Urge score.