Name: ____________________________ Date of Birth: ________ Today’s Date: ________

Incontinence Severity Index (ISI)

Please answer the following 2 questions.

1. How often do you experience urinary leakage? (Please check one)
   ___ Never, I do not leak urine
   ___ Less than once a month
   ___ A few times a month
   ___ A few times a week
   ___ Every day and/or night

2. How much urine do you lose each time? (Please check one)
   ___ None, I do not leak urine
   ___ Drops
   ___ Small Splashes
   ___ More

Thank you for answering these questions.

For office use only
ISI score ______
ISI category (circle):
None     Slight (1-2)  Moderate (3-6)  Severe (8-9)  Very severe (12)

Center for Urogynecology and Pelvic Surgery
Christiana Care Health Systems