

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)

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