

Office Use Only SOF ID#	○ MISSING Acrostic
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12) During the past 12 months, have you ever leaked urine or lost control of your urine? **V9URLK**

Yes No Don't Know



a. If yes, how often does this leakage of urine usually occur? **V9UROFT**

- Daily
- One or more times a week, but not every day
- One or more times a month, but not every week
- Less than once a month
- Don't know

b. Under what circumstances does your leakage of urine most often occur?

- When I perform some physical activity such as coughing, sneezing, laughing, lifting, standing up, or exercising, etc.
- When I have the urge to urinate and can't get to the toilet fast enough
- About equally as often with physical activity as with a sense of urgency
- When I am sleeping, napping, or dozing **V9UROCCU**
- Other (specify): _____
- Don't Know

c. Does this leakage interfere with your day to day activities?

- Not at all
- Only a little **V9URINTF**
- Somewhat
- Very much or greatly
- Don't know

V9UILEV1

