

## The Questionnaire for Female Urinary Incontinence Diagnosis (QUID)

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

### Scoring:

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