

Date _____

Code# _____ IMMEDIATE OUTCOME (UICQ)

Thank you VERY MUCH for helping us in our study about feelings associated with urinary incontinence. Below are statements that pertain to your feelings. Six numbers are provided for each question; please circle the number you think most closely matches your feelings at the moment you are answering the questions.

| | | Strongly Agree | | | Strongly Disagree | | |
|-----|--|----------------|---|---|-------------------|---|---|
| | | 6 | 5 | 4 | 3 | 2 | 1 |
| 1. | I feel good about myself..... | 6 | 5 | 4 | 3 | 2 | 1 |
| 2. | It helps to talk to people about my urinary incontinence..... | 6 | 5 | 4 | 3 | 2 | 1 |
| 3. | I worry about being able to find a bathroom when I go out..... | 6 | 5 | 4 | 3 | 2 | 1 |
| 4. | I am just as attractive physically as I always was | 6 | 5 | 4 | 3 | 2 | 1 |
| 5. | I feel tense..... | 6 | 5 | 4 | 3 | 2 | 1 |
| 6. | I'm afraid to go visit my friends or family..... | 6 | 5 | 4 | 3 | 2 | 1 |
| 7. | I don't have enough information about my urinary incontinence..... | 6 | 5 | 4 | 3 | 2 | 1 |
| 8. | I think about my bladder all the time | 6 | 5 | 4 | 3 | 2 | 1 |
| 9. | I don't know anyone else with this problem | 6 | 5 | 4 | 3 | 2 | 1 |
| 10. | I am tired | 6 | 5 | 4 | 3 | 2 | 1 |
| 11. | I am able to cope with my urinary patterns | 6 | 5 | 4 | 3 | 2 | 1 |
| 12. | My home smells clean..... | 6 | 5 | 4 | 3 | 2 | 1 |
| 13. | I am able to sleep well..... | 6 | 5 | 4 | 3 | 2 | 1 |
| 14. | Life is a struggle right now | 6 | 5 | 4 | 3 | 2 | 1 |
| 15. | I enjoy going shopping | 6 | 5 | 4 | 3 | 2 | 1 |
| 16. | I find a lot of meaning in my life..... | 6 | 5 | 4 | 3 | 2 | 1 |
| 17. | Urinary incontinence is a challenge I can meet | 6 | 5 | 4 | 3 | 2 | 1 |
| 18. | I get anxious and fearful about going out..... | 6 | 5 | 4 | 3 | 2 | 1 |
| 19. | I am afraid of what is next | 6 | 5 | 4 | 3 | 2 | 1 |
| 20. | No one understands me | 6 | 5 | 4 | 3 | 2 | 1 |
| 21. | I drink very little fluids..... | 6 | 5 | 4 | 3 | 2 | 1 |
| 22. | I feel out of control..... | 6 | 5 | 4 | 3 | 2 | 1 |
| 23. | I have a favorite person(s) who makes me feel cared for | 6 | 5 | 4 | 3 | 2 | 1 |
| 24. | I enjoy having people over to my house..... | 6 | 5 | 4 | 3 | 2 | 1 |
| 25. | I feel physically fit | 6 | 5 | 4 | 3 | 2 | 1 |
| 26. | I am aware of the effects of different fluids on my bladder | 6 | 5 | 4 | 3 | 2 | 1 |
| 27. | I feel clean and fresh..... | 6 | 5 | 4 | 3 | 2 | 1 |