

AFBEELDING 1: MICHIGAN INCONTINENCE SYMPTOM INDEX

**Michigan Incontinence Symptom Index
(M-ISI) v.1**

This brief questionnaire is designed to assess the severity of your urinary incontinence (involuntary urine leakage). For each question, please mark the number associated with the response that best describes your voiding habits during the past month.

During the Past Month...	Never	Rarely	Occasionally	About Half the time	Most or all of the time
1. How often has urine leakage occurred in association with any physical activity (such as lifting, bending, sitting down, standing up, exercising, etc)?	(0)	(1)	(2)	(3)	(4)
2. How often has lifting light objects (such as a gallon of milk) caused you to leak urine?	(0)	(1)	(2)	(3)	(4)
3. How often has walking or light exercise caused you to leak urine?	(0)	(1)	(2)	(3)	(4)
	Never	Seldom	About once a week	About once a day	More than once a day
4. How often have you leaked urine because you could not wait to empty your bladder?	(0)	(1)	(2)	(3)	(4)
5. How often has a sudden urge to urinate caused you to leak urine?	(0)	(1)	(2)	(3)	(4)
6. How often have you leaked urine because you could not reach a bathroom in time?	(0)	(1)	(2)	(3)	(4)
	None	Thin Pad or tissue	Medium/regular pad	Large/maxi pad	Absorbant, disposable, undergarments
7. On average, what form of protection do you use to protect against wetness during the day?	(0)	(1)	(2)	(3)	(4)
	None	1 per day or less, or only for security	1 per day and it is usually wet	2-3 per day	4 or more per day
8. On average, how many of these (pads, tissues, disposable undergarments) would you use to protect against wetness during the day?	(0)	(1)	(2)	(3)	(4)
			Total Severity Score _____		
	Never	Rarely	Sometimes	Most of the time	All of the time
9. Overall, how often have you needed to change your daily activities because of your urinary incontinence?	(0)	(1)	(2)	(3)	(4)
	No problem	Very small problem	Small problem	Moderate problem	Big Problem
10. Overall, how big of a social problem (anxiety/embarrassment/ avoiding social activities) has your urinary incontinence been for you during the past month?	(0)	(1)	(2)	(3)	(4)
			Total Bother Score _____		