

SWEDISH UROLOGY

Urinary Continence Assessment (EPIC)

Check only one number for each question that best describes your own situation.

1. Over the past four weeks, how often have you leaked urine?

- More than once a day..... 1
- About once a day 2 *(check only one number)*
- More than once a week..... 3
- About once a week..... 4
- Rarely or never..... 5

2. Which of the following best describes your urinary control during the last four weeks?

- No urinary control whatsoever..... 1
- Frequent dribbling 2 *(check only one number)*
- Occasional dribbling 3
- Total control..... 4

3. How many pads or adult diapers **per day** have you usually used to control leakage during the last four weeks?

- None..... 0
- 1 pad per day..... 1 *(check only one number)*
- 2 pads per day 2
- 3 or more pads per day..... 3

4. How big of a problem has each of the following been for you during the last four weeks?

	No problem	Very small problem	Small problem	Moderate problem	Big problem
Dripping or leaking urine	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Pain or burning on urination	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Bleeding with urination	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Weak urine stream or incomplete emptying	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Need to urinate frequently during the day	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

5. Overall, how big a problem has your urinary function been for you during the last four weeks?

- No problem..... 1
- Very small problem 2 *(check only one number)*
- Small problem..... 3
- Moderate problem..... 4
- Big problem..... 5

We do not discriminate on the basis of race, color, national origin, sex, age, or disability in our health programs and activities.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 888-311-9127 (Swedish Edmonds 888-311-9178) (TTY:711)

注意：如果您講中文，我們可以給您提供免費中文翻譯服務，請致電 888-311-9127 (Swedish Edmonds 888-311-9178) (TTY:711)

