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?
   - Dripping or leaking urine
     - No problem .............................................................. 0
     - Very small problem .................................................. 1
     - Small problem .......................................................... 2
     - Moderate problem ................................................... 3
     - Big problem ............................................................. 4
   - Pain or burning on urination
     - No problem .............................................................. 0
     - Very small problem .................................................. 1
     - Small problem .......................................................... 2
     - Moderate problem ................................................... 3
     - Big problem ............................................................. 4
   - Bleeding with urination
     - No problem .............................................................. 0
     - Very small problem .................................................. 1
     - Small problem .......................................................... 2
     - Moderate problem ................................................... 3
     - Big problem ............................................................. 4
   - Weak urine stream or incomplete emptying
     - No problem .............................................................. 0
     - Very small problem .................................................. 1
     - Small problem .......................................................... 2
     - Moderate problem ................................................... 3
     - Big problem ............................................................. 4
   - Need to urinate frequently during the day
     - No problem .............................................................. 0
     - Very small problem .................................................. 1
     - Small problem .......................................................... 2
     - Moderate problem ................................................... 3
     - Big problem ............................................................. 4

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

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