

NAFC Incontinence Impact Check-In

A patient worksheet to help you understand how bladder leakage may be affecting your mental health and quality of life

Instructions:

For each statement, circle how often it has been true for you in the past 2 weeks.

Scoring:

0 = Never

1 = Rarely

2 = Sometimes

3 = Often

Part 1: Daily Life Impact

1. I plan my day around possible leakage.

0 1 2 3

2. I avoid certain places, outings, or travel because of my bladder symptoms.

0 1 2 3

3. My bladder symptoms interfere with sleep or leave me feeling tired.

0 1 2 3

4. I avoid exercise, hobbies, or activities I used to enjoy.

0 1 2 3

5. My symptoms affect my work, errands, or family time.

0 1 2 3

Part 2: Emotional Impact

6. I feel embarrassed, ashamed, or self-conscious because of leakage.

0 1 2 3

7. I feel anxious about accidents, odor, or people noticing.

0 1 2 3

8. I feel less confident because of my bladder symptoms.

0 1 2 3

9. I feel frustrated, angry, or out of control.

0 1 2 3

10. I feel sad, isolated, or withdrawn because of this condition.

0 1 2 3

Part 3: Relationships and Coping

11. I hide my condition from other people.

0 1 2 3

12. My symptoms affect intimacy or closeness in my relationship.

0 1 2 3

13. I feel unsupported by family, friends, or my partner.

0 1 2 3

14. I spend a lot of mental energy thinking or worrying about my bladder.

0 1 2 3

15. I feel like I am coping mostly by avoiding things rather than feeling in control.

0 1 2 3

Part 4: Outlook and Quality of Life

16. I worry my symptoms are getting worse.

0 1 2 3

17. I worry about having an accident I cannot hide.

0 1 2 3

18. I worry about losing independence because of my symptoms.

0 1 2 3

19. I worry about the financial or emotional burden of managing this condition.

0 1 2 3

20. Overall, incontinence is affecting my quality of life.

0 1 2 3

Score Summary

Add your total: _____ / 60

Suggested interpretation

0–14: Mild impact

Your symptoms may be affecting some parts of life, but the burden appears lower right now.

15–29: Moderate impact

Your symptoms may be affecting daily function, emotional well-being, or confidence in a meaningful way.

30–44: High impact

Incontinence appears to be significantly affecting your mental health and/or quality of life.

45–60: Very high impact

Your symptoms may be having a major emotional and quality-of-life impact and deserve prompt discussion with a healthcare provider.

Evaluating Your Results

Even if your score was on the lower side, consider discussing your results with your doctor if your leaks are impacting your day to day life.

Bring This to Your Appointment

What I want my doctor to know:

- The biggest way this affects my daily life is: _____
- The biggest way this affects my mental health is: _____
- What I worry about most is: _____
- What I have tried already: _____
- What I want help with most: _____

Questions I want to ask:

- What type of incontinence do I likely have?
- What treatment options do I have beyond pads or lifestyle changes?
- Could pelvic floor physical therapy help me?
- Are there medications, procedures, or newer treatments I should know about?
- Should I also get support for anxiety, sleep, or emotional stress related to this?

This worksheet is an educational self-assessment inspired by patient-reported survey findings. It is not a diagnosis or a substitute for medical or mental health care. If you are feeling overwhelmed, hopeless, or unable to cope, seek support from a healthcare professional.