

Type of Incontinence	Never	Rarely	Sometimes	Usually	Always
Solid	0	1	2	3	4
Liquid	0	1	2	3	4
Gas	0	1	2	3	4
Wear Pad	0	1	2	3	4
Lifestyle altered	0	1	2	3	4

Never - 0

Rarely - Less than once a month

Sometimes - Less than once a week or once a month

Usually - Once a day or once a week

Always - Once a day or more

SCORE:

0 PERFECT

20 COMPLETE INCONTINENCE