

Anexo 5. ICIQ-SF en italiano

Cognome e Nome

Età

Data

HAI PERDITE DI URINA ?

SI

NO

SOMMA PUNTEGGI 1+2+3

		Mai	talvolta	regolarmente	sempre	
1) Con quale frequenza le capita di perdere urina?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	PUNTEGGIO	0	1	2	3	
2) Secondo la sua personale opinione quanta urina perde comunemente?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	PUNTEGGIO	0	1	4	6	
3) Nel complesso le perdite quanto influiscono negativamente nella sua vita?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	PUNTEGGIO	1	3	5	7	9
						10

In quali circostanze perde urina?

Prima di riuscire ad arrivare in bagno

Quando tossisco o stannutisco

Durante il sonno

Durante la attività fisica

Una volta rivestito/a dopo avere urinato

Senza ragioni particolari

Sempre

Anexo 6. ICIQ-SF en inglés

Initial number

ICIQ-UI Short Form
CONFIDENTIAL

DAY MONTH YEAR
Today's date

Many people leak urine some of the time. We are trying to find out how many people leak urine, and how much this bothers them. We would be grateful if you could answer the following questions, thinking about how you have been, on average, over the PAST FOUR WEEKS.

1 Please write in your date of birth:
DAY MONTH YEAR

2 Are you (tick one): Female Male

3 How often do you leak urine? (Tick one box)

never	<input type="checkbox"/>	0
about once a week or less often	<input type="checkbox"/>	1
two or three times a week	<input type="checkbox"/>	2
about once a day	<input type="checkbox"/>	3
several times a day	<input type="checkbox"/>	4
all the time	<input type="checkbox"/>	5

4 We would like to know how much urine you think leaks.
How much urine do you usually leak (whether you wear protection or not)?
(Tick one box)

none	<input type="checkbox"/>	0
a small amount	<input type="checkbox"/>	2
a moderate amount	<input type="checkbox"/>	4
a large amount	<input type="checkbox"/>	6

5 Overall, how much does leaking urine interfere with your everyday life?
Please ring a number between 0 (not at all) and 10 (a great deal)

0	1	2	3	4	5	6	7	8	9	10
not at all										a great deal

ICIQ score: sum scores 3+4+5

6 When does urine leak? (Please tick all that apply to you)

never – urine does not leak	<input type="checkbox"/>
leaks before you can get to the toilet	<input type="checkbox"/>
leaks when you cough or sneeze	<input type="checkbox"/>
leaks when you are asleep	<input type="checkbox"/>
leaks when you are physically active/exercising	<input type="checkbox"/>
leaks when you have finished urinating and are dressed	<input type="checkbox"/>
leaks for no obvious reason	<input type="checkbox"/>
leaks all the time	<input type="checkbox"/>

Thank you very much for answering these questions.
Copyright © 'ICIQ Group'

CERTIFICADO DE ANÁLISIS

Cuenta :

Plagio de documento :

Username :

Título : **Tfgactualizado[6].docx**

Carpeta : **Carpeta predeterminada**

Comentarios : *No disponible*

Cargado el :01/05/2020 11:18

 **10%**

INFORMACIONES DETALLADAS

Título : tfgactualizado[6].docx

Descripción :

Analizado el : 01/05/2020 11:49

Login : 3gnxpwht

Cargado el : 01/05/2020 11:18

Tipo de carga : Entrega manual de los trabajos

Nombre del archivo : tfgactualizado[6].docx

Tipo de archivo : docx

Número de palabras : 8176

Número de caracteres : 51708

Tamaño original del archivo (kb) : 2091.86

TOP DE FUENTES PROBABLES- ENTRE LAS FUENTES PROBABLES

1.	pdfs.semanticscholar.org/.../3228ca8dc9572a8f8a...9d66466b21d250.pdf	2%
2.	link.springer.com/.../10.1007/s40279-019-01243-1	2%
3.	www.observatoriodelaincontinencia.es/.../pdf/Percepcion_Paciente_IU.pdf	1%
4.	Fuente Compilatio.net egnbfkux	<1%
5.	Fuente Compilatio.net h1p4nwmf	<1%
6.	Fuente Compilatio.net kawhmc9i	<1%

SIMILITUDES ENCONTRADAS EN ESTE DOCUMENTO/ESTA PARTE

Similitudes idénticas : 6 % 

Similitudes supuestas : 3 % 