

**Patients Global Impression of Improvement (PGI-I) for Incontinence**

Patient Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth ☐☐ ☐☐ ☐☐

Date questionnaire completed ☐☐ ☐☐ ☐☐

**Please indicate how long ago you had your incontinence surgery?**

6 weeks ☐

3 months ☐

6 months ☐

1 year ☐ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What best describes how your post-operative condition is now, compared with how it was before you had the incontinence surgery?**

Very much better ☐

Much better ☐

A little better ☐

No change ☐

A little worse ☐

Much worse ☐

Very much worse ☐

**Thank you for taking the time to complete this questionnaire.**

**BSUG Audit and Database Committee.**