

DAY
MONTH
YEAR Today's date

## Urinary symptoms

Many people experience urinary symptoms some of the time. We are trying to find out how many people experience urinary symptoms, and how much they bother 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:


2a. Is there a delay before you can start to urinate?

| never | 0 |
| :---: | :---: |
| occasionally | 1 |
| sometimes | 2 |
| most of the time | 3 |
| all of the time | 4 |

2b. How much does this bother you?
Please ring a number between 0 (not at all) and 10 (a great deal)
$\begin{array}{llllllllll} & 1 & 2 & 3 & 4 & 5 & 6 & 7 & 8 & 9\end{array} 10$
not at all
a great deal

3a. Do you have to strain to continue urinating?

| never | $\square$ | 0 |
| ---: | :--- | :--- |
| occasionally | $\square$ | 1 |
| sometimes | $\square$ | 2 |
| most of the time | $\square$ |  |
| all of the time |  | $\square$ |

3b. How much does this bother you?
Please ring a number between 0 (not at all) and 10 (a great deal)

| $\mathbf{0}$ | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 <br> not at all |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |  |  |  |  |  |  |

4a. Would you say that the strength of your urinary stream is...

| normal | $\square$ | 0 |
| ---: | :--- | :--- |
| occasionally reduced | $\square$ | 1 |
| sometimes reduced | $\square$ | 2 |
| reduced most of the time | $\square$ |  |
|  |  |  |
| reduced all of the time | $\square$ | 4 |

4b. How much does this bother you?
Please ring a number between 0 (not at all) and 10 (a great deal)

| $\mathbf{0}$ | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | $\mathbf{1 0}$ |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| not at all |  |  |  |  |  |  |  |  |  |  |

5a. Do you stop and start more than once while you urinate?

| never | $\square$ | $\square$ |
| ---: | :--- | :--- |
| occasionally | $\square$ | $\square$ |
| sometimes | $\square$ | $\square$ |
| most of the time | $\square$ | $\square$ |
| all of the time | $\square$ | $\square$ |

5b. How much does this bother you?
Please ring a number between 0 (not at all) and 10 (a great deal)

| $\mathbf{0}$ | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | $\mathbf{1 0}$ <br> not at all |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |  |  |  |  |  |  |

6a. How often do you feel that your bladder has not emptied properly after you have urinated?

| never | $\square$ | $\square$ |
| ---: | :--- | :--- |
| occasionally | $\square$ |  |
| sometimes | $\square$ | $\square$ |
| most of the time | $\square$ | $\square$ |
| all of the time | $\square$ | $\square$ |

6b. How much does this bother you?
Please ring a number between 0 (not at all) and 10 (a great deal)

$$
\begin{array}{ccccccccccc}
\mathbf{0} & 1 & 2 & 3 & 4 & 5 & 6 & 7 & 8 & 9 & \begin{array}{c}
10 \\
\text { not at all }
\end{array} \\
& & & & & & &
\end{array}
$$

VS: sum scores 2-6 $\square$
$\square$

7a. Do you have a sudden need to rush to the toilet to urinate?

| never | $\square$ | 0 |
| ---: | :--- | :--- |
| occasionally | $\square$ |  |
|  |  |  |
| sometimes | $\square$ |  |
| 2 |  |  |
| most of the time | $\square$ | $\square$ |
| all of the time | $\square$ | $\square$ |

7b. How much does this bother you?
Please ring a number between 0 (not at all) and 10 (a great deal)

| $\mathbf{0}$ | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 <br> not at all |
| ---: | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- |
|  |  |  |  |  |  |  |  |  |  |  |

8a. Does urine leak before you can get to the toilet?

| never | $\square$ | 0 |
| ---: | :--- | :--- |
| occasionally | $\square$ |  |
|  |  |  |
| sometimes | $\square$ | 2 |
| most of the time | $\square$ | $\square$ |
| all of the time | $\square$ |  |
|  |  |  |

8b. How much does this bother you?
Please ring a number between 0 (not at all) and 10 (a great deal)

| $\mathbf{0}$ | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 <br> not at all |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |  |  |  |  |  |  |

9a. Does urine leak when you cough or sneeze?

| never | $\square$ |  |
| ---: | :--- | :--- |
| occasionally | $\square$ | 1 |
| sometimes | $\square$ |  |
| 2 |  |  |

9b. How much does this bother you?
Please ring a number between 0 (not at all) and 10 (a great deal)

| $\mathbf{0}$ | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | $\mathbf{1 0}$ <br> a great deal |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |

10a. Do you ever leak for no obvious reason and without feeling that you want to go?

| never | $\square$ | 0 |
| ---: | :--- | :--- |
| occasionally | $\square$ | 1 |
| sometimes | $\square$ | $\square$ |
| most of the time | $\square$ | $\square$ |
| all of the time | $\square$ | 4 |

10b. How much does this bother you?
Please ring a number between 0 (not at all) and 10 (a great deal)

| $\mathbf{0}$ | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 <br> a great deal |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |

11a. Do you leak urine when you are asleep?

| never | $\square$ | 0 |
| ---: | :--- | :--- |
| occasionally | $\square$ | 1 |
| sometimes | $\square$ | 2 |
| most of the time | $\square$ | $\square$ |
| all of the time | $\square$ | $\square$ |

11b. How much does this bother you?
Please ring a number between 0 (not at all) and 10 (a great deal)

| $\mathbf{0}$ | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | $\mathbf{1 0}$ |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| not at all |  |  |  |  |  |  |  |  |  |  |

12a. How often have you had a slight wetting of your pants a few minutes after you had finished urinating and had dressed yourself?

| never | 0 |
| :---: | :---: |
| occasionally | 1 |
| sometimes | 2 |
| most of the time | 3 |
| all of the time | 4 |

12b. How much does this bother you?
Please ring a number between 0 (not at all) and 10 (a great deal)

$$
\begin{array}{ccccccccccc}
\mathbf{0} & 1 & 2 & 3 & 4 & 5 & 6 & 7 & 8 & 9 & \begin{array}{c}
\mathbf{1 0} \\
\text { a great deal }
\end{array}
\end{array}
$$

IS: sum scores 7-12 $\square$
$\square$
13a. How often do you pass urine during the day?

| 1 to 6 times | $\square$ | 0 |
| ---: | :--- | :--- |
| 7 to 8 times | $\square$ | 1 |
| 9 to 10 times | $\square$ | 2 |
| 11 to 12 times | $\square$ | 3 |

13b. How much does this bother you?
Please ring a number between 0 (not at all) and 10 (a great deal)

$$
\begin{array}{ccccccccccc}
\mathbf{0} & 1 & 2 & 3 & 4 & 5 & 6 & 7 & 8 & 9 & \begin{array}{c}
\mathbf{1 0} \\
\text { a great deal }
\end{array} \\
\text { not at all } & & & & & & & & & &
\end{array}
$$

14a. During the night, how many times do you have to get up to urinate, on average?

| none | 0 |
| :---: | :---: |
| one | 1 |
| two | 2 |
| three | 3 |
| four or more | 4 |

14b. How much does this bother you?
Please ring a number between 0 (not at all) and 10 (a great deal)
$\begin{array}{lllllllllll}0 & 1 & 2 & 3 & 4 & 5 & 6 & 7 & 8 & 9 & 10\end{array}$
not at all
a great deal
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Thank you very much for answering these questions.

