

BLADDER SYMPTOM QUESTIONNAIRE

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

- | | | |
|--------------|--------------------------|---|
| none | <input type="checkbox"/> | 0 |
| one | <input type="checkbox"/> | 1 |
| two | <input type="checkbox"/> | 2 |
| three | <input type="checkbox"/> | 3 |
| four or more | <input type="checkbox"/> | 4 |

How much does this bother you?

Please circle 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 |

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

- | | | |
|------------------|--------------------------|---|
| never | <input type="checkbox"/> | 0 |
| occasionally | <input type="checkbox"/> | 1 |
| sometimes | <input type="checkbox"/> | 2 |
| most of the time | <input type="checkbox"/> | 3 |
| all of the time | <input type="checkbox"/> | 4 |

How much does this bother you?

Please circle 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 |

Do you have pain in your bladder?

- | | | |
|------------------|--------------------------|---|
| never | <input type="checkbox"/> | 0 |
| occasionally | <input type="checkbox"/> | 1 |
| sometimes | <input type="checkbox"/> | 2 |
| most of the time | <input type="checkbox"/> | 3 |
| all of the time | <input type="checkbox"/> | 4 |

How much does this bother you?

Please circle 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 |

5a. How often do you pass urine during the day?

- | | | |
|------------------|--------------------------|---|
| 1 to 6 times | <input type="checkbox"/> | 0 |
| 7 to 8 times | <input type="checkbox"/> | 1 |
| 9 to 10 times | <input type="checkbox"/> | 2 |
| 11 to 12 times | <input type="checkbox"/> | 3 |
| 13 or more times | <input type="checkbox"/> | 4 |

5b. How much does this bother you?

Please circle 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 |

F score: add scores 2a-5a

6a. 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

6b. How much does this bother you?

Please circle 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

7a. Do you have to strain to urinate?

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

7b. How much does this bother you?

Please circle 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

8a. Do you stop and start more than once while you urinate?

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

8b. How much does this bother you?

Please circle 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

V score: add scores 6a-8a

9a. Does urine leak before you can get to the toilet?

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

9b. How much does this bother you?

Please circle 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

10a. How often do you leak urine?

- never 0
- once or less per week 1
- two to three times per week 2
- once per day 3
- several times per day 4

10b. How much does this bother you?

Please circle 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

11a. Does urine leak when you are physically active, exert yourself, cough or sneeze?

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

11b. How much does this bother you?

Please circle 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

12a. Do you ever leak urine for no obvious reason and without feeling that you want to go?

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

12b. How much does this bother you?

Please circle 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

13a. Do you leak urine when you are asleep?

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

13b. How much does this bother you?

Please circle 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

I score: add scores 9a-13a

URGENCY QUESTIONNAIRE

1. What is the reason that you usually urinate?

- Out of convenience (no urge)
- Because I have mild urge (but can delay urination for over an hour if I have to)
- Because I have a moderate urge (but can delay urination for more than 10 but less than 60 minutes)
- Because I have severe urge (but can delay urination for less than 10 minutes)
- Because I have desperate urge (must stop what I am doing and go immediately)

2. Once you get the urge to urinate, how long can you usually postpone it comfortably?

- More than 60 minutes
- About 30-60 minutes
- About 10-30 minutes
- A few minutes (less than 10 minutes)
- Must go immediately

3. How often do you get a sudden urge to urinate that makes you want to stop what you are doing and rush to the bathroom?

- Never
- Rarely
- A few times a month
- A few times a week
- Daily

4. How often do you get a sudden urge to urinate that makes you want to stop what you are doing and rush to the bathroom but you don't get there in time (you leak urine or wet pads)?

- Never
- Rarely
- A few times a month
- A few times a week
- Daily

5. In your opinion how good is your bladder control?

0 1 2 3 4 5 6 7 8 9 10

Perfect Good No Control

6. How many times do you go to the bathroom in an average day? _____

7. How many pads do you wear in an average day? _____ (Liners, Pads, or Diapers)

5a. Are you aware of a lump or bulge coming down in your vagina?

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

5b. How much does this bother you?

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

6a. Do you feel a lump or bulge come out of your vagina, so that you can feel it on the outside or see it on the outside?

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

6b. How much does this bother you?

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

7a. Do you feel that your vagina is too dry?

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

7b. How much does this bother you?

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

8a. Do you have to insert a finger into your vagina to help empty your bowels?

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

8b. How much does this bother you?

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

