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BFLUTS-SF questionnaire

We would like to find out about your urinary symptoms and we are very grateful that you can help us by filling in this questionnaire. Please answer each question, thinking about the **symptoms you have experienced in the last month.**

You will see that some questions ask how often you have a symptom:

Occasionally	Less than one third of the time
Sometimes	Between one and two thirds of the time
Most of the time	More than two thirds of the time

Please put a tick in one box for each question ✓

F1

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

None	☐	0
1	☐	1
2	☐	2
3	☐	3
4 or more	☐	4

F2

Do you have to rush to the toilet to urinate?

Never	☐	0
Occasionally	☐	1
Sometimes	☐	2
Most of the time	☐	3
All of the time	☐	4

F3

Do you have pain in your bladder?

Never	☐	0
Occasionally	☐	1
Sometimes	☐	2
Most of the time	☐	3
All of the time	☐	4

F4

How often do you pass urine during the day?

Every 4 hours or more	☐	0
Every 3 hours	☐	1
Every 2 hours	☐	2
Hourly	☐	3

BFLUTS-FS: sum scores F1 - F4 ☐☐

V1

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

V2

Do you have to strain to urinate?

Never	☐	0
Occasionally	☐	1
Sometimes	☐	2
Most of the time	☐	3
All of the time	☐	4

V3

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

BFLUTS-VS: sum scores V1 - V3 ☐☐

Please put a tick in one box for each question ✓

I1

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

I2

How often do you leak urine?

- Never ☐ 0
- Once or less per week ☐ 1
- 2-3 times per week ☐ 2
- Once per day ☐ 3
- Several times per day ☐ 4

I3

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

I4

Do you ever leak 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

I5

Do you leak urine when you are asleep?

- Never ☐ 0
- Occasionally ☐ 1
- Sometimes ☐ 2
- Most of the time ☐ 3
- All of the time ☐ 4

BFLUTS-IS: sum scores I1 - I5 ☐☐

S

Are you sexually active at present? Yes ☐ No ☐

S1

To what extend do you feel that your sex life has been spoilt by your urinary symptom?

- Not at all ☐ 0
- A little ☐ 1
- Somewhat ☐ 2
- A lot ☐ 3

S2

Do you leak urine when you have sexual intercourse?

- Not at all ☐ 0
- A little ☐ 1
- Somewhat ☐ 2
- A lot ☐ 3

BFLUTS-sex: sum scores S1 & S2 ☐☐

QoL1

Do you need to change your outer clothing during the day because of urine leakage?

- Never ☐ 0
- Occasionally ☐ 1
- Sometimes ☐ 2
- Most of the time ☐ 3
- All of the time ☐ 4

QoL2

Do you cut down on the amount of fluid you drink so that your urinary symptoms improve, and you can do things that you want to do?

- Never ☐ 0
- Occasionally ☐ 1
- Sometimes ☐ 2
- Most of the time ☐ 3
- All of the time ☐ 4

QoL3

To what extend have your urinary symptoms affected your ability to perform daily tasks (e.g. cleaning, DIY, lifting objects)?

- Not at all ☐ 0
- A little ☐ 1
- Somewhat ☐ 2
- A lot ☐ 3

QoL4

Do you avoid places and situations where you know a toilet is not nearby (e.g. shopping, travelling, theatre, church)?

- Never ☐ 0
- Occasionally ☐ 1
- Sometimes ☐ 2
- Most of the time ☐ 3
- All of the time ☐ 4

QoL5

Overall, how much do your urinary symptoms interfere with your life?

- Not at all ☐ 0
- A little ☐ 1
- Somewhat ☐ 2
- A lot ☐ 3

BFLUTS-QoL: sum scores QoL1 - QoL5 ☐☐