

## Initial number

ICIQ-MLUTS 01/06

**CONFIDENTIAL**

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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:**

A horizontal row of six empty square boxes, intended for users to input a date. Below the row, the words "DAY", "MONTH", and "YEAR" are centered under their respective boxes.

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

never	<input type="checkbox"/>	0
ionally	<input type="checkbox"/>	1
etimes	<input type="checkbox"/>	2
e time	<input type="checkbox"/>	3
e time	<input type="checkbox"/>	4

- 2b. 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

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

never	<input type="checkbox"/>	0
ionally	<input type="checkbox"/>	1
etimes	<input type="checkbox"/>	2
e time	<input type="checkbox"/>	3
e time	<input type="checkbox"/>	4

- ### **3b. 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

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

normal	<input type="checkbox"/>	0
reduced	<input type="checkbox"/>	1
reduced	<input type="checkbox"/>	2
the time	<input type="checkbox"/>	3
the time	<input type="checkbox"/>	4

- #### **4b. 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

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

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

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

**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

VS: sum scores 2-6  **7a. 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

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

never	<input type="checkbox"/>	0
asionally	<input type="checkbox"/>	1
etimes	<input type="checkbox"/>	2
e time	<input type="checkbox"/>	3
e time	<input type="checkbox"/>	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

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

never	<input type="checkbox"/>	0
asionally	<input type="checkbox"/>	1
etimes	<input type="checkbox"/>	2
e time	<input type="checkbox"/>	3
e time	<input type="checkbox"/>	4

**9b. How much does this bother you?**

*Please ring a number between 0 (not at all) and 10 (a great deal)*

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

never	<input type="checkbox"/>	0
asionally	<input type="checkbox"/>	1
etimes	<input type="checkbox"/>	2
e time	<input type="checkbox"/>	3
e time	<input type="checkbox"/>	4

**10b. 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

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

- |                  |                          |   |
|------------------|--------------------------|---|
| 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 |

**11b. How much does this bother you?**

Please ring a number between 0 (not at all) and 10 (a great deal)

**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            | <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 |

**12b. How much does this bother you?**

Please ring a number between 0 (not at all) and 10 (a great deal)



IS: sum scores 7-12

**13a. 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 |

**13b. How much does this bother you?**

Please ring a number between 0 (not at all) and 10 (a great deal)



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

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

**14b. How much does this bother you?**

*Please ring a number between 0 (not at all) and 10 (a great deal)*

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**Thank you very much for answering these questions.**