

Initial number

CONFIDENTIAL

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:

DAY

MONTH

YEAR

2a. How often do you pass urine during the day?

one to six times 0

seven to eight times 1

nine to ten times 2

eleven to twelve times 3

thirteen or more times 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. 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

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

18a. How often do you feel that your bladder has not emptied properly after you have urinated?

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

18b. 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

19. Can you stop the flow of urine if you try while you are urinating?

- yes, easily 0
- yes, with difficulty 1
- no, cannot stop it flowing 2

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Thank you very much for answering these questions.