

Below are some daily activities that can be affected by urinary problems. How much does your urinary problem affect you? We would like you to answer every question. Simply circle the score that applies to you.

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 Personal details**

Surname:
 First name:
 Date of Birth:
 Address:

2 **Are you** (please circle one)

Female		Male	
DAY		MONTH	
YEAR			

Today's date

		Not at all	Slightly	moderately	A lot	Your score
3a	To what extent does your urinary problem affect your household tasks ? (e.g. cleaning, shopping etc)	1	2	3	4	
3b	How much does this bother you ? Please ring a number between 0 (not at all) and 10 (a great deal) (Not at all) 0 1 2 3 4 5 6 7 8 9 10 (a great deal)					
4a	Does your urinary problem affect your job, or your normal daily activities outside the home?	1	2	3	4	
4b	How much does this bother you ? Please ring a number between 0 (not at all) and 10 (a great deal) (Not at all) 0 1 2 3 4 5 6 7 8 9 10 (a great deal)					
5a	Does your urinary problem affect your physical activity (e.g. going for a walk, run, sport, gym, etc.)?	1	2	3	4	
5b	How much does this bother you ? Please ring a number between 0 (not at all) and 10 (a great deal) (Not at all) 0 1 2 3 4 5 6 7 8 9 10 (a great deal)					

		Not at all	Slightly	moderately	A lot	Your score	
6a	Does your urinary problem affect your ability to travel ?	1	2	3	4		
6b	How much does this bother you ? Please ring a number between 0 (not at all) and 10 (a great deal) (Not at all) 0 1 2 3 4 5 6 7 8 9 10 (a great deal)						
7a	Does your urinary problem limit your social life ?	1	2	3	4		
7b	How much does this bother you ? Please ring a number between 0 (not at all) and 10 (a great deal) (Not at all) 0 1 2 3 4 5 6 7 8 9 10 (a great deal)						
8a	Does your urinary problem limit your ability to see/visit friends ?	1	2	3	4		
8b	How much does this bother you ? Please ring a number between 0 (not at all) and 10 (a great deal) (Not at all) 0 1 2 3 4 5 6 7 8 9 10 (a great deal)						
		Not applicable	Not at all	Slightly	moderately	A lot	Your score
9a	Does your urinary problem affect your relationship with your partner ?	0	1	2	3	4	
9b	How much does this bother you ? Please ring a number between 0 (not at all) and 10 (a great deal) (Not at all) 0 1 2 3 4 5 6 7 8 9 10 (a great deal)						
10a	Does your urinary affect your sex life ?	0	1	2	3	4	
10b	How much does this bother you ? Please ring a number between 0 (not at all) and 10 (a great deal) (Not at all) 0 1 2 3 4 5 6 7 8 9 10 (a great deal)						
11a	Does your urinary problem affect your family life?	0	1	2	3	4	
11b	How much does this bother you ? Please ring a number between 0 (not at all) and 10 (a great deal) (Not at all) 0 1 2 3 4 5 6 7 8 9 10 (a great deal)						

		Not at all	Slightly	moderately	A lot	Your score
12a	Does your urinary problem make you feel depressed ?	1	2	3	4	
12b	How much does this bother you ? Please ring a number between 0 (not at all) and 10 (a great deal) (Not at all) 0 1 2 3 4 5 6 7 8 9 10 (a great deal)					
13a	Does your urinary problem make you feel anxious or nervous ?	1	2	3	4	
13b	How much does this bother you ? Please ring a number between 0 (not at all) and 10 (a great deal) (Not at all) 0 1 2 3 4 5 6 7 8 9 10 (a great deal)					
14a	Does your urinary problem make you feel bad about yourself ?	1	2	3	4	
14b	How much does this bother you ? Please ring a number between 0 (not at all) and 10 (a great deal) (Not at all) 0 1 2 3 4 5 6 7 8 9 10 (a great deal)					

		Never	Sometimes	Often	all the time	Your score
15a	Does your urinary problem affect your sleep ?	1	2	3	4	
15b	How much does this bother you ? Please ring a number between 0 (not at all) and 10 (a great deal) (Not at all) 0 1 2 3 4 5 6 7 8 9 10 (a great deal)					
16a	Do you feel worn out/tired ?	1	2	3	4	
16b	How much does this bother you ? Please ring a number between 0 (not at all) and 10 (a great deal) (Not at all) 0 1 2 3 4 5 6 7 8 9 10 (a great deal)					
17a	Do you do any of the following ? If so how much ? Wear pads to keep dry ?	1	2	3	4	
17b	How much does this bother you ? Please ring a number between 0 (not at all) and 10 (a great deal) (Not at all) 0 1 2 3 4 5 6 7 8 9 10 (a great deal)					

		Never	Sometimes	Often	all the time	Your score
18a	Do you do any of the following ? If so how much ? Be careful how much fluid you drink ?	1	2	3	4	
18b	How much does this bother you ? Please ring a number between 0 (not at all) and 10 (a great deal) (Not at all) 0 1 2 3 4 5 6 7 8 9 10 (a great deal)					

19a	Do you do any of the following ? If so how much ? Change your underclothes when they get wet ?	1	2	3	4	
19b	How much does this bother you ? Please ring a number between 0 (not at all) and 10 (a great deal) (Not at all) 0 1 2 3 4 5 6 7 8 9 10 (a great deal)					

20a	Do you do any of the following ? If so how much ? Worry in case you smell ?	1	2	3	4	
20b	How much does this bother you ? Please ring a number between 0 (not at all) and 10 (a great deal) (Not at all) 0 1 2 3 4 5 6 7 8 9 10 (a great deal)					

21a	Do you do any of the following ? If so how much ? Get embarrassed because of your urinary problem ?	1	2	3	4	
21b	How much does this bother you ? Please ring a number between 0 (not at all) and 10 (a great deal) (Not at all) 0 1 2 3 4 5 6 7 8 9 10 (a great deal)					

ICIQ-LUTS Total score:	Sum scores 3a + 4a + 5a-----21a	
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Score 16(min) – 76(max)

22	Overall, how much do urinary symptoms interfere with your everyday life ? Please ring a number between 0 (not at all) and 10 (a great deal) (Not at all) 0 1 2 3 4 5 6 7 8 9 10 (a great deal)					
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Thank you very much for answering these questions.