

Initial number

ICIQ-OAB (UK English) 11/05

**CONFIDENTIAL**

DAY

MONTH

YEAR

**Today's date**

## Overactive bladder

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

2. Are you (tick one):

Female

Male

3a. How often do you pass urine during the day?

1 to 6 times  0

7 to 8 times  1

9 to 10 times  2

11 to 12 times  3

13 or more times  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. 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

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 have to rush to the toilet to urinate?**

- 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. 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

**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

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