Initial number

ICIQ-OABqol 08/04
CONFIDENTIAL

MONTH DAY YEAR

Today's date

Quality of life

For the following questions, please think about your overall urinary symptoms in the past 4 weeks and how these symptoms have affected your life. Please answer each question about how often you have felt this way to the best of your ability. Please tick the box that best answers each question.

1. Please write in your date of birth:

DAY MONTH YEAR

2. Are you *(tick one)***:** Female ☐ Male ☐

DURING THE PAST FOUR WEEKS, HOW OFTEN HAVE YOUR BLADDER SYMPTOMS…

3. Made you carefully plan your journey?

none of the time ☐	1
a little of the time ☐	2
some of the time ☐	3
a good bit of the time ☐	4
most of the time ☐	5
all of the time ☐	6

4. Caused you to feel drowsy or sleepy during the day?

none of the time ☐	1
a little of the time ☐	2
some of the time ☐	3
a good bit of the time ☐	4
most of the time ☐	5
all of the time ☐	6

5. Caused you to plan "escape routes" to toilets in public places?

none of the time ☐	1
a little of the time ☐	2
some of the time ☐	3
a good bit of the time ☐	4
most of the time ☐	5
all of the time ☐	6

DURING THE PAST FOUR WEEKS, HOW OFTEN HAVE YOUR BLADDER SYMPTOMS…

6. Caused you distress?

none of the time	1
a little of the time	2
some of the time	3
a good bit of the time	4
most of the time	5
all of the time	6

7. Frustrated you?

none of the time	1
a little of the time	2
some of the time	3
a good bit of the time	4
most of the time	5
all of the time	6

8. Made you feel like there is something wrong with you?

none of the time	1
a little of the time	2
some of the time	3
a good bit of the time	4
most of the time	5
all of the time	6

9. Interfered with your ability to get a good night's rest?

none of the time	1
a little of the time	2
some of the time	3
a good bit of the time	4
most of the time	5
all of the time	6

DURING THE PAST FOUR WEEKS, HOW OFTEN HAVE YOUR BLADDER SYMPTOMS…

10. Caused you to decrease your physical activities (exercising, sports, etc.)?

none of the time	1
a little of the time	2
some of the time	3
a good bit of the time	4
most of the time	5
all of the time	6

11. Prevented you from feeling rested upon waking in the morning?

none of the time	1
a little of the time	2
some of the time	3
a good bit of the time	4
most of the time	5
all of the time	6

12. Frustrated your family and friends?

none of the time	1
a little of the time	2
some of the time	3
a good bit of the time	4
most of the time	5
all of the time	6

13. Caused you anxiety or worry?

none of the time	1
a little of the time	2
some of the time	3
a good bit of the time	4
most of the time	5
all of the time	6

DURING THE PAST FOUR WEEKS, HOW OFTEN HAVE YOUR BLADDER SYMPTOMS…

14. Caused you to stay home more often than you would prefer?

none of the time	☐	1
a little of the time	☐	2
some of the time	☐	3
a good bit of the time	☐	4
most of the time	☐	5
all of the time	☐	6

15. Caused you to adjust your travel plans so that you are always near a toilet?

none of the time	☐	1
a little of the time	☐	2
some of the time	☐	3
a good bit of the time	☐	4
most of the time	☐	5
all of the time	☐	6

16. Made you avoid activities away from toilets (i.e., walks, running, hiking)?

none of the time	☐	1
a little of the time	☐	2
some of the time	☐	3
a good bit of the time	☐	4
most of the time	☐	5
all of the time	☐	6

17. Made you frustrated or annoyed about the amount of time you spend in the toilet?

none of the time	☐	1
a little of the time	☐	2
some of the time	☐	3
a good bit of the time	☐	4
most of the time	☐	5
all of the time	☐	6

DURING THE PAST FOUR WEEKS, HOW OFTEN HAVE YOUR BLADDER SYMPTOMS…

18. Awakened you during sleep?

none of the time	☐	1
a little of the time	☐	2
some of the time	☐	3
a good bit of the time	☐	4
most of the time	☐	5
all of the time	☐	6

19. Made you worry about odour or hygiene?

none of the time	☐	1
a little of the time	☐	2
some of the time	☐	3
a good bit of the time	☐	4
most of the time	☐	5
all of the time	☐	6

20. Made you uncomfortable while travelling with others because of needing to stop for a toilet?

none of the time	☐	1
a little of the time	☐	2
some of the time	☐	3
a good bit of the time	☐	4
most of the time	☐	5
all of the time	☐	6

21. Affected your relationships with family and friends?

none of the time	☐	1
a little of the time	☐	2
some of the time	☐	3
a good bit of the time	☐	4
most of the time	☐	5
all of the time	☐	6

DURING THE PAST FOUR WEEKS, HOW OFTEN HAVE YOUR BLADDER SYMPTOMS…

22. Caused you to decrease participating in social gatherings, such as parties or visits with family or friends?

none of the time	☐	1
a little of the time	☐	2
some of the time	☐	3
a good bit of the time	☐	4
most of the time	☐	5
all of the time	☐	6

23. Caused you embarrassment?

none of the time	☐	1
a little of the time	☐	2
some of the time	☐	3
a good bit of the time	☐	4
most of the time	☐	5
all of the time	☐	6

24. Interfered with getting the amount of sleep you needed?

none of the time	☐	1
a little of the time	☐	2
some of the time	☐	3
a good bit of the time	☐	4
most of the time	☐	5
all of the time	☐	6

25. Caused you to have problems with your partner or spouse?

none of the time	☐	1
a little of the time	☐	2
some of the time	☐	3
a good bit of the time	☐	4
most of the time	☐	5
all of the time	☐	6

DURING THE PAST FOUR WEEKS, HOW OFTEN HAVE YOUR BLADDER SYMPTOMS…

26. Caused you to plan activities more carefully?

none of the time	1
a little of the time	2
some of the time	3
a good bit of the time	4
most of the time	5
all of the time	6

27. Caused you to locate the closest toilet as soon as you arrive at a place you have never been?

none of the time	1
a little of the time	2
some of the time	3
a good bit of the time	4
most of the time	5
all of the time	6

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