

# Patient Questionnaire

**Do you experience, and if so, how much are you bothered by:**

<b>UDI-6</b>	<b>None</b>	<b>Slightly</b>	<b>Moderately</b>	<b>Greatly</b>
1. Frequent urination?	0	1	2	3
2. Urine leakage related to the feeling of urgency?	0	1	2	3
3. Urine leakage related to physical activity, Coughing, or sneezing?	0	1	2	3
4. Small amount of urine leakage (drops)?	0	1	2	3
5. Difficulty emptying your bladder?	0	1	2	3
6. Pain or discomfort in the lower abdominal or genital area?	0	1	2	3

<b>IIQ-7</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
1. Ability to do house chores (cooking, laundry, etc.)?	0	1	2	3
2. Physical recreation (walking, swimming, golf, etc.)?	0	1	2	3
3. Entertainment activities (movies, concerts, etc.)?	0	1	2	3
4. Ability to travel by car or bus more than 30 min from home?	0	1	2	3
5. Participation in social activities outside home?	0	1	2	3
6. Emotional health (nervousness, depression, etc.)?	0	1	2	3
7. Feeling frustrated?	0	1	2	3

## **Visual Analogue Scale**

**Regarding your urinary condition:**

1. Indicate your degree of satisfaction by marking an "X" in the appropriate position on the line below:

\_\_\_\_\_  
**Not Satisfied** **Completely satisfied**

2. Indicate your degree of cure by marking an "X" in the appropriate position on the line below:

\_\_\_\_\_  
**Failed** **Completely cured**

**Quality of Life/Urinary(AUA)** **Delighted** **Pleased** **Mostly satisfied** **Mixed** **Mostly dissatisfied** **Unhappy** **Terrible**

How would you feel if you had to live with your <b>urinary condition</b> the way it is now, no better, no worse, for the rest of your life?	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>
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