



**Exam 6**  
**ICIQ-FLUTS**

Participant ID #:   
Acrostic:

Technician ID:   
Date:  /  /   
Month Day Year

Self-administered

Interviewer-administered

Interviewer ID:

Initial number:

**Confidential**

**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.

1a. During the night, how many times do you have to get up to urinate, on the average?

- 0  none
- 1  one
- 2  two
- 3  three
- 4  four or more

1b. How much does this bother you?

*Please select 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



2a. Do you have a sudden need to rush to the toilet to urinate?

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

2b. How much does this bother you?

*Please select 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. Do you have pain in your bladder?

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

3b. How much does this bother you?

*Please select 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. How often do you pass urine during the day?

- 0  1 to 6 times
- 1  7 to 8 times
- 2  9 to 10 times
- 3  11 to 12 times
- 4  13 or more times

4b. How much does this bother you?

*Please select 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

**F score: add scores 1a-4a**

 

5a. Is there a delay before you can start to urinate?

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

5b. How much does this bother you?

*Please select 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. Do you have to strain to urinate?

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

6b. How much does this bother you?

*Please select 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

7a. Do you stop and start more than once while you urinate?

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

7b. How much does this bother you?

*Please select 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

**V score: add scores 5a-7a**



8a. Does urine leak before you can get to the toilet?

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

8b. How much does this bother you?

*Please select 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

9a. How often do you leak urine?

- 0  never
- 1  once or less per week
- 2  two to three times per week
- 3  once per day
- 4  several times per day

9b. How much does this bother you?

*Please select 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



10a. Does urine leak when you are physically active, exert yourself, cough or sneeze?

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

10b. How much does this bother you?

*Please select a number between 0 (not at all) and 10 (a great deal)*

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
0	1	2	3	4	5	6	7	8	9	10
Not at all					A great deal					

11a. Do you ever leak urine for no obvious reason and without feeling that you want to go?

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

11b. How much does this bother you?

*Please select a number between 0 (not at all) and 10 (a great deal)*

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
0	1	2	3	4	5	6	7	8	9	10
Not at all					A great deal					



12a. Do you leak urine when you are asleep?

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

12b. How much does this bother you?

*Please select a number between 0 (not at all) and 10 (a great deal)*

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
0	1	2	3	4	5	6	7	8	9	10
Not at all					A great deal					

**I score: add scores 8a-12a**   

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