



**Exam 6**  
**ICIQ-MLUTS**

Participant ID #:   
Acrostic:   
Technician ID:   
Date:  /  /   
Month Day Year  
 Self-administered  
 Interviewer-administered Interviewer ID:   
Initial number:

**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. 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

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 to strain to continue urinating?

- 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. Would you say that the strength of your urinary stream is...

- 0  normal
- 1  occasionally reduced
- 2  sometimes reduced
- 3  reduced most of the time
- 4  reduced 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. 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

4b. 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					

5a. How often do you feel that your bladder has not emptied properly after you have urinated?

- 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)*

<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					

**VS: sum scores 1-5**



6a. 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

6b. 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					

7a. 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

7b. 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					



8a. Does urine leak when you cough or sneeze?

- 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. Do you ever leak 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

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. Do you leak urine when you are asleep?

- 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. How often have you had a slight wetting of your pants a few minutes after you had finished urinating and had dressed yourself?

- 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					

**IS: sum scores 6-11**



12a. 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

12b. 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

13a. During the night, how many times do you have to get up to urinate, on average?

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

13b. 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

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