

Initial number

ICIQ-Nqol 08/04

CONFIDENTIAL

DAY

MONTH

YEAR

Today's date

Quality of life

The following statements are about the impact of 'having to get up at night to urinate'. For each item, please **mark** an **(X)** in the box next to the response that best describes how you have felt. Please mark **only one box** for each statement.

1. Please write in your date of birth:

DAY

MONTH

YEAR

2. Are you (*tick one*):

Female

Male

OVER THE PAST FOUR WEEKS, HAVING TO GET UP AT NIGHT TO URINATE ...

3. Has made it difficult for me to concentrate the next day

- every day 4
- most days 3
- some days 2
- rarely 1
- never 0

4. Has made me feel generally low in energy the next day

- every day 4
- most days 3
- some days 2
- rarely 1
- never 0

5. Has required me to nap during the day

- every day 4
- most days 3
- some days 2
- rarely 1
- never 0

6. Has made me less productive the next day

- every day 4
- most days 3
- some days 2
- rarely 1
- never 0

7. Has caused me to participate less in activities I enjoy

- extremely 4
- quite a bit 3
- moderately 2
- a little bit 1
- not at all 0

8. Has caused me to be careful about when or how much I drink

- all the time 4
- most of the time 3
- some of the time 2
- rarely 1
- never 0

9. Has made it difficult for me to get enough sleep at night

- every night 4
- most nights 3
- some nights 2
- rarely 1
- never 0

OVER THE PAST FOUR WEEKS, I HAVE BEEN.....

10. Concerned that I am disturbing others in the house because of having to get up at night to urinate

- extremely 4
- quite a bit 3
- moderately 2
- a little bit 1
- not at all 0

11. Preoccupied about having to get up at night to urinate

- all the time 4
- most of the time 3
- some of the time 2
- rarely 1
- never 0

