

1. Please enter your date of birth: 00 00 0000

2. Are you (click one): FEMALE MALE

1-6 times

7-8 times

3a. How often do you pass urine during the day? 9-10 times

11-12 times

13 times or more

3b. How much does this bother you? 0

input 8 value: 0

input 9 value: 0

input 10 value: 0

input 14 value: 0

input 20 value: None

input 8 value: 0

input 8 value: 0