1. Please enter your date of birth: ☐ ☐ ☐

2. Are you (click one): ◯ FEMALE ◯ MALE

3. Has made it difficult for me to concentrate the next day
- ◯ Every day
- ◯ Most days
- ◯ Some days
- ◯ Rarely
- ◯ Never

4. Has made me feel generally low in energy the next day
- ◯ Every day
- ◯ Most days
- ◯ Some days
- ◯ Rarely
- ◯ Never

5. Has required me to nap during the day
- ◯ Every day
- ◯ Most days
- ◯ Some days
- ◯ Rarely
- ◯ Never

6. Has made me less productive the next day
- ◯ Every day
- ◯ Most days
- ◯ Some days
- ◯ Rarely
- ◯ Never

7. Has caused me to participate less in activities I enjoy
- ◯ Extremely
- ◯ Quite a bit
- ◯ Moderately
- ◯ A little bit
- ◯ Not at all

8. Has caused me to be careful about when or how much I drink
- ◯ All the time
- ◯ Most of the time
- ◯ Some of the time
- ◯ Rarely
- ◯ Never

9. Has made it difficult for me to get enough sleep at night
- ◯ Every night
- ◯ Most nights
- ◯ Some nights
- ◯ Rarely
- ◯ Never

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

- ( ) Every night
- ( ) Most nights
- ( ) Some nights
- ( ) Rarely
- ( ) Never

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

- ( ) Every night
- ( ) Most nights
- ( ) Some nights
- ( ) Rarely
- ( ) Never

12. Worried that this condition will get worse in the future

- ( ) Extremely
- ( ) Quite a bit
- ( ) Moderately
- ( ) A little bit
- ( ) Not at all

13. Worried that there is no effective treatment for this condition (having to get up at night to urinate)

- ( ) Extremely
- ( ) Quite a bit
- ( ) Moderately
- ( ) A little bit
- ( ) Not at all

14. Overall, how bothersome has having to get up at night to urinate been during the past four weeks?

- ( ) Extremely
- ( ) Quite a bit
- ( ) Moderately
- ( ) A little bit
- ( ) Not at all

15. Overall, how much does having to get up at night to urinate interfere with your everyday life?   0 1 2 3 4 5 6 7 8 9 10