

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
11. Preoccupied about having to get up at night to urinate
12. Worried that this condition will get worse in the future
13. Worried that there is no effective treatment for this condition (having to get up at night to urinate)
14. Overall, how bothersome has having to get up at night to urinate been during the past four weeks?
15. Overall, how much does having to get up at night to urinate interfere with your everyday life?
- ☐ Every night
- ☐ Most nights
- ☐ Some nights
- ☐ Rarely
- ☐ Never
- ☐ Every night
- ☐ Most nights
- ☐ Some nights
- ☐ Rarely
- ☐ Never
- ☐ Extremely
- ☐ Quite a bit
- ☐ Moderately
- ☐ A little bit
- ☐ Not at all
- ☐ Extremely
- ☐ Quite a bit
- ☐ Moderately
- ☐ A little bit
- ☐ Not at all
- ☒ Extremely
- ☐ Quite a bit
- ☐ Moderately
- ☐ A little bit
- ☐ Not at all
- 0 1 2 3 4 5 6 7 8 9 10