

Nocturia questionnaire

To see how Nocturia is affecting you
COMPLETE, PRINT and TAKE WITH YOU
when you visit your healthcare professional.

Complete the Nocturia questionnaire by either filling in your answers online and clicking save to your device, or downloading, printing and completing it by hand. Bring your completed questionnaire to your appointment with your healthcare professional.

1. Please enter your date of birth:

DAY MONTH YEAR

2. Are you (click one):

☐ FEMALE ☐ MALE

3a. How often do you pass urine during the day?

- ☐ 1-6 times
- ☐ 7-8 times
- ☐ 9-10 times
- ☐ 11-12 times
- ☐ 13 times or more

3b. How much does this bother you?

0 1 2 3 4 5 6 7 8 9 10
Please click on a number between
0 (not at all) and 10 (a great deal)

4a. During the night, how many times do you have to get up to urinate on average?

- ☐ None
- ☐ One
- ☐ Two
- ☐ Three
- ☐ Four or more

4b. How much does this bother you?

0 1 2 3 4 5 6 7 8 9 10
Please click on a number between
0 (not at all) and 10 (a great deal)