

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:

<input type="text"/>					
DAY	MONTH	YEAR			

2. Are you (click one):

FEMALE MALE

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

<input type="radio"/> 1-6 times	0
<input type="radio"/> 7-8 times	1
<input type="radio"/> 9-10 times	2
<input type="radio"/> 11-12 times	3
<input type="radio"/> 13 times or more	4

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?

<input type="radio"/> None	0
<input type="radio"/> One	1
<input type="radio"/> Two	2
<input type="radio"/> Three	3
<input type="radio"/> Four or more	4

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)

INFORMATION FOR HEALTHCARE PROFESSIONALS ONLY

0-8 overall score* with greater values indicating increased symptom severity.

Bother scales are not incorporated in the overall score, but indicate impact of individual symptoms for the patient.

*Calculated by adding the scores of questions 3a and 4a