How to answer the questionnaire:

The following questions are about the bladder problems you may have and how you deal and live with them.

Please fill in this questionnaire in a quiet place and preferably on your own. Take the time you need. There are no right or wrong answers. If you are not sure how to answer a question, choose the answer which best applies to you. Please note that your answers will remain strictly anonymous and confidential.

When answering the questions, think about how you pass urine over the past two weeks.

Thank you for your participation.

➢ Before filling in this questionnaire, please write today's date:

               Day    Month    Year

THE INFORMATION CONTAINED IN THIS QUESTIONNAIRE IS STRICTLY ANONYMOUS AND CONFIDENTIAL

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YOUR BLADDER PROBLEMS AND HOW YOU PASS URINE AT PRESENT:
WHAT BOTHERS YOU

Please answer all the questions by ticking the appropriate box.

Are you bothered by *:

1. urine leaks during the day
   - Not at all
   - Slightly
   - Moderately
   - Quite a bit
   - Extremely

2. urine leaks at night
   - Not at all
   - Slightly
   - Moderately
   - Quite a bit
   - Extremely

3. having to wear continence
   - pads/penile sheaths
   - indwelling catheter/suprapubic catheter
   - Not at all
   - Slightly
   - Moderately
   - Quite a bit
   - Extremely

4. being dependent on a timetable for passing urine or realizing catheterization during your activities
   - Not at all
   - Slightly
   - Moderately
   - Quite a bit
   - Extremely

5. the time spent passing urine or realizing catheterization
   - Not at all
   - Slightly
   - Moderately
   - Quite a bit
   - Extremely

6. because your nights are disturbed
   - Not at all
   - Slightly
   - Moderately
   - Quite a bit
   - Extremely

7. when away from home or traveling
   - Not at all
   - Slightly
   - Moderately
   - Quite a bit
   - Extremely

8. personal hygiene problems when away from home
   - Not at all
   - Slightly
   - Moderately
   - Quite a bit
   - Extremely

9. In general, do your bladder problems complicate your life?
   - Not at all
   - Slightly
   - Moderately
   - Quite a bit
   - Extremely

* If you have no concern about one or several questions above, answer “Not at all”
**YOUR BLADDER PROBLEMS AND HOW YOU PASS URINE AT PRESENT:**

**WHAT YOU ARE RESTRICTED OR FORCED TO DO**

Please answer all the questions by ticking the appropriate box.

<table>
<thead>
<tr>
<th>Question</th>
<th>Never</th>
<th>Rarely</th>
<th>From time to time</th>
<th>Often</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>10. Can you go out without planning anything in advance</td>
<td>□ 4</td>
<td>□ 3</td>
<td>□ 2</td>
<td>□ 1</td>
<td>□ 0</td>
</tr>
<tr>
<td>11. Have you given up going out</td>
<td>□ 0</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
<td>□ 4</td>
</tr>
<tr>
<td>12. Are you more dependent on others, due to your bladder problems</td>
<td>□ 0</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
<td>□ 4</td>
</tr>
<tr>
<td>13. Is your life regulated by your bladder problems</td>
<td>□ 0</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
<td>□ 4</td>
</tr>
</tbody>
</table>

Are you forced to:

<table>
<thead>
<tr>
<th>Question</th>
<th>Never</th>
<th>Rarely</th>
<th>From time to time</th>
<th>Often</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>14. plan everything</td>
<td>□ 0</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
<td>□ 4</td>
</tr>
<tr>
<td>15. think about taking a change of clothes and/or continence pads/penile sheaths protections with you</td>
<td>□ 0</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
<td>□ 4</td>
</tr>
<tr>
<td>16. wear continence pads/penile sheaths as a precaution</td>
<td>□ 0</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
<td>□ 4</td>
</tr>
<tr>
<td>17. be careful about how much fluid you drink</td>
<td>□ 0</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
<td>□ 4</td>
</tr>
</tbody>
</table>
YOUR BLADDER PROBLEMS AND HOW YOU PASS URINE AT PRESENT:
WHAT YOU WORRY ABOUT

Please answer all the questions by ticking the appropriate box.

Do you worry about:

<table>
<thead>
<tr>
<th>Question</th>
<th>Not at all</th>
<th>Slightly</th>
<th>Moderately</th>
<th>Quite a bit</th>
<th>Extremely</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>18. smelling of urine</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19. having urinary infections</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>20. your bladder problems worsening</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21. disturbing your partner at night</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>22. having urine leaks during sexual intercourse</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>23. having side effects from the drugs you take</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>24. having skin problems</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25. having money problems due to expenses involved with your bladder problems</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>
YOUR BLADDER PROBLEMS AND HOW YOU PASS URINE AT PRESENT: WHAT YOU FEEL

Please answer all the questions by ticking the appropriate box.

Do you feel:

<table>
<thead>
<tr>
<th>Question</th>
<th>Not at all</th>
<th>Slightly</th>
<th>Moderately</th>
<th>Quite a bit</th>
<th>Extremely</th>
</tr>
</thead>
<tbody>
<tr>
<td>26. embarrassed because of your bladder problems</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>27. a loss of self-respect because of your bladder problems</td>
<td></td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>28. a need to conceal your bladder problems</td>
<td></td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>29. worried about other people’s reactions if you have to spend a long time on the toilet</td>
<td></td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>30. worried because of your bladder problems</td>
<td></td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

Did you fill in this questionnaire on your own?

- 1 yes
- 2 no

Thank you for your valuable help.

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Calculation grid for scores of 30 items Qualiveen

<table>
<thead>
<tr>
<th>Qualiveen domain scores</th>
<th>Bother with limitations</th>
<th>Frequency of limitations</th>
<th>Fears</th>
<th>Feeling</th>
</tr>
</thead>
<tbody>
<tr>
<td># answ</td>
<td># answ</td>
<td># answ</td>
<td># answ</td>
<td># answ</td>
</tr>
<tr>
<td>1</td>
<td>10</td>
<td>18</td>
<td>26</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>11</td>
<td>19</td>
<td>27</td>
<td></td>
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<tr>
<td>3</td>
<td>12</td>
<td>20</td>
<td>28</td>
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<tr>
<td>4</td>
<td>13</td>
<td>21</td>
<td>29</td>
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<td>5</td>
<td>14</td>
<td>22</td>
<td>30</td>
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<tr>
<td>6</td>
<td>15</td>
<td>23</td>
<td></td>
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<td>7</td>
<td>16</td>
<td>24</td>
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<tr>
<td>8</td>
<td>17</td>
<td>25</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Sum of items = ______ = ______ = ______ = ______

Divide by 9 8 8 5

Score = ______ = ______ = ______ = ______

Qualiveen overall score

Bother with limitations ______
Frequency of limitations ______
Fears ______
Feeling ______

Sum of scores = ______

Divide by 4

Qualiveen overall score = ______

# : number of the item
answ : answer recorded for the item

Agreement from the Coloplast Laboratories

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