Before starting the questionnaire, please fill in today’s date:

/__/__/   /__/__/   /__/__/
Day      Month   Year

The following questions concern the intensity and frequency of urinary symptoms that you have had over the past 4 weeks.

To answer the following questions, please tick the box which best applies to you. There are no “right” or “wrong” answers. If you are not quite sure how to answer, choose the answer which best applies to you.

Please answer this questionnaire somewhere quiet and preferably on your own. Take as long as you need to fill it in.

Once you have finished, put the questionnaire into the envelope provided and hand it to your doctor.

Thank you for your cooperation.
You may sometimes experience urine leaks during physical effort. This effort could be strenuous (such as doing sport or having a violent coughing fit), moderate (climbing or coming down the stairs) or even light (walking or changing position).

1. **Over the past 4 weeks**, please specify the number of times a week you have had leaks during physical effort:
   Please tick one box for each of the lines 1a, 1b and 1c.

<table>
<thead>
<tr>
<th></th>
<th>No urine leaks</th>
<th>Less than one urine leak a week</th>
<th>Several urine leaks a week</th>
<th>Several urine leaks a day</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. During <strong>strenuous</strong> physical effort</td>
<td>![ ] (0)</td>
<td>![ ] (1)</td>
<td>![ ] (2)</td>
<td>![ ] (3)</td>
</tr>
<tr>
<td>1b. During <strong>moderate</strong> physical effort</td>
<td>![ ] (0)</td>
<td>![ ] (1)</td>
<td>![ ] (2)</td>
<td>![ ] (3)</td>
</tr>
<tr>
<td>1c. During <strong>light</strong> physical effort</td>
<td>![ ] (0)</td>
<td>![ ] (1)</td>
<td>![ ] (2)</td>
<td>![ ] (3)</td>
</tr>
</tbody>
</table>

For the doctor only: note the sum of items 1a + 1b + 1c on the scale below

**“STRESS URINARY INCONTINENCE” SCORE**

<table>
<thead>
<tr>
<th>😊</th>
<th>😞</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td>9</td>
</tr>
</tbody>
</table>
Over the past 4 weeks and under everyday conditions of social, professional or family life:

2. How many times a week have you had to rush to the toilet to urinate because you urgently needed to go?

- □ 0 Never
- □ 1 Less than once a week
- □ 2 Several times a week
- □ 3 Several times a day

3. When you have had an urgent need to urinate, for how many minutes on average have you been able to hold on?

- □ 0 More than 15 minutes
- □ 1 From 6 to 15 minutes
- □ 2 From 1 to 5 minutes
- □ 3 Less than 1 minute

4. How many times a week have you experienced a urine leak preceded by an urgent need to urinate that you were unable to control?

- □ 0 Never
- □ 1 Less than once a week
- □ 2 Several times a week
- □ 3 Several times a day

4 a. In the above case, what kind of leaks did you have?

- □ 0 No leaks in this case
- □ 1 A few drops
- □ 2 Light leaks
- □ 3 Heavy leaks
Over the past 4 weeks and under everyday conditions of social, professional or family life:

5. During the day, in general, how long elapsed between urinating?

- 0: 2 hours or more
- 1: Between 1 and 2 hours
- 2: Between 30 minutes and 1 hour
- 3: Less than 30 minutes

6. How many times on average have you been woken up during the night by a need to urinate?

- 0: Never or Once
- 1: Twice
- 2: 3 or 4 times
- 3: More than 4 times

7. How many times a week have you had a urine leak while asleep or have you woken up wet?

- 0: Never
- 1: Less than once a week
- 2: Several times a week
- 3: Several times a day

For the doctor only: note the sum of items 2 + 3 + 4 + 4a + 5 + 6 + 7 on the scale below

“OVERACTIVE BLADDER” SCORE

[Scale from 0 to 21]
Over the past 4 weeks and under everyday conditions of social, professional or family life:

8. How would you describe your usual urination over these past 4 weeks?

☐ 0  ☐ 1  ☐ 2  ☐ 3
Normal  Needed to push with abdominal (stomach) muscles or lean forward (or required a change of position) to urinate  Needed to press on the lower stomach with my hands  Used a catheter

9. In general, how would you describe your urine flow?

☐ 0  ☐ 1  ☐ 2  ☐ 3
Normal  Weak  Drop by drop  Used a catheter

10. In general, how has your urination been?

☐ 0  ☐ 1  ☐ 1  ☐ 2  ☐ 3
Normal and quick  Difficult to start, then normal  Easy at first but slow to finish  Very slow from start to finish  Used a catheter

For the doctor only: note the sum of items 8 + 9 + 10 on the scale below

"LOW STREAM" SCORE

Please check that you have answered all the questions.

Thank you for your cooperation