Many people experience urinary symptoms some of the time. We are trying to find out how many people experience urinary symptoms, and how much they bother them.

We would be grateful if you could answer the following questions, thinking about how you have been, on average, over the PAST FOUR WEEKS

1   **Please write in your Personal details**

| Surname: |
| First name: |
| Date of Birth: |
| Address: |

2   **Are you** (please circle one)

| Female | Male |

Today's date

| DAY | MONTH | YEAR |

3a	**How often do you pass urine during the day ?**		
	hourly	☐	3
	every two hours	☐	2
	every three hours	☐	1
	every four hours or more	☐	0

3b	**How much does this bother you ?**
	Please ring a number between 0 (not at all) and 10 (a great deal)
	(Not at all) **0** 1 2 3 4 5 6 7 8 9 **10** (a great deal)

4a	**During the night, how many times do you have to get up to urinate, on average ?**		
	none	☐	0
	one	☐	1
	two	☐	2
	three	☐	3
	four or more	☐	4

4b	**How much does this bother you ?**
	Please ring a number between 0 (not at all) and 10 (a great deal)
	(Not at all) **0** 1 2 3 4 5 6 7 8 9 **10** (a great deal)

5a	**Do you have to rush to the toilet to urinate ?**		
	never	☐	0
	occasionally	☐	1
	sometimes	☐	2
	most of the time	☐	3
	all of the time	☐	4

5b	**How much does this bother you ?**
	Please ring a number between 0 (not at all) and 10 (a great deal)
	(Not at all) **0** 1 2 3 4 5 6 7 8 9 **10** (a great deal)

6a	**Does urine leak before you can get to the toilet ?**		
	never	☐	0
	about once a week or less often	☐	1
	two or three times a week	☐	2
	about once a day	☐	3
	several times a day	☐	4
	all the time	☐	5

6b	**How much does this bother you ?**
	Please ring a number between 0 (not at all) and 10 (a great deal)
	(Not at all) **0** 1 2 3 4 5 6 7 8 9 **10** (a great deal)

ICIQ-OAB Total score:	Sum scores 3a + 4a + 5a +6a	

Score 0(min) – 16(max)

Thank you very much for answering these questions.