

ICIQ – OAB Questionnaire

Please answer the following questions based on your bladder activity over the PAST FOUR WEEKS

<b>1a</b>	<p><b>How often do you pass urine during the day?</b></p> <p style="text-align: right;">hourly <input type="checkbox"/> 3          every two hours <input type="checkbox"/> 2          every three hours <input type="checkbox"/> 1          every four hours or more <input type="checkbox"/> 0</p>
<b>1b</b>	<p><b>How much does this bother you?</b>          Please circle a number between 0 (not at all) and 10 (a great deal)          (Not at all) <b>0</b> 1 2 3 4 5 6 7 8 9 <b>10</b> (a great deal)</p>
<b>2a</b>	<p><b>During the night, how many times do you have to get up to urinate, on average?</b></p> <p style="text-align: right;">hourly <input type="checkbox"/> 0          every two hours <input type="checkbox"/> 1          every three hours <input type="checkbox"/> 2          every four hours or more <input type="checkbox"/> 3          four or more <input type="checkbox"/> 4</p>
<b>2b</b>	<p><b>How much does this bother you?</b>          Please circle a number between 0 (not at all) and 10 (a great deal)          (Not at all) <b>0</b> 1 2 3 4 5 6 7 8 9 <b>10</b> (a great deal)</p>
<b>3a</b>	<p><b>Do you have to rush to the toilet to urinate?</b></p> <p style="text-align: right;">never <input type="checkbox"/> 0          occasionally <input type="checkbox"/> 1          sometimes <input type="checkbox"/> 2          most of the times <input type="checkbox"/> 3          all of the time <input type="checkbox"/> 4</p>
<b>3b</b>	<p><b>How much does this bother you?</b>          Please circle a number between 0 (not at all) and 10 (a great deal)          (Not at all) <b>0</b> 1 2 3 4 5 6 7 8 9 <b>10</b> (a great deal)</p>
<b>4a</b>	<p><b>Does urine leak before you can get to the toilet?</b></p> <p style="text-align: right;">never <input type="checkbox"/> 0          about once a week or less often <input type="checkbox"/> 1          two or three times a week <input type="checkbox"/> 2          about once a day <input type="checkbox"/> 3          several times a day <input type="checkbox"/> 4          all the time <input type="checkbox"/> 5</p>
<b>4b</b>	<p><b>How much does this bother you?</b>          Please circle a number between 0 (not at all) and 10 (a great deal)          (Not at all) <b>0</b> 1 2 3 4 5 6 7 8 9 <b>10</b> (a great deal)</p>

ICIQ-OAB Total score	Sum scores 1a + 2a + 3a + 4a	
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