

1. Please enter your date of birth:

2. Are you (click one):



FEMALE



MALE

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

1-6 times

7-8 times

9-10 times

11-12 times

13 times or more

3b. How much does this bother you?

0 1 2 3 4 5 6 7 8 9 10

None

One

4a. During the night, how many times do you have to get up to urinate on average?

Two

Three

Four or more

4b. How much does this bother you?

0 1 2 3 4 5 6 7 8 9 10

input 8 value:

input 9 value:

input 10 value:

input 14 value:

input 20 value: Four or more

input 8 value:

input 8 value:

input 8 value:

input 8 value:

input 8 value:

input 8 value: