

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