1. Please enter your date of birth:	
2. Are you (click one):	FEMALE MALE
	1-6 times
	7-8 times
3a. How often do you pass urine during the day?	9-10 times
	11-12 times
	13 times or more
3b. How much does this bother you?	\checkmark 0 II \checkmark 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