

1. Please enter your date of birth:

2. Are you (click one):

☐ FEMALE

☒ MALE

3. Has made it difficult for me to concentrate the next day

☐ Every day

☐ Most days

☐ Some days

☐ Rarely

☐ Never

4. Has made me feel generally low in energy the next day

☐ Every day

☐ Most days

☐ Some days

☐ Rarely

☐ Never

5. Has required me to nap during the day

☐ Every day

☐ Most days

☐ Some days

☐ Rarely

☐ Never

6. Has made me less productive the next day

☐ Every day

☐ Most days

☐ Some days

☐ Rarely

☐ Never

7. Has caused me to participate less in activities I enjoy

☐ Extremely

☐ Quite a bit

☐ Moderately

☐ A little bit

☐ Not at all

8. Has caused me to be careful about when or how much I drink

☐ All the time

☐ Most of the time

☐ Some of the time

☐ Rarely

☐ Never

9. Has made it difficult for me to get enough sleep at night

☐ Every night

☐ Most nights

☐ Some nights

☐ Rarely

☐ Never

10. Concerned that I am disturbing others in the house because of having to get up at night to urinate

☐ Every night

☐ Most nights

☐ Some nights

☐ Rarely

☐ Never

11. Preoccupied about having to get up at night to urinate

☐ Every night

☐ Most nights

☐ Some nights

☐ Rarely

☐ Never

12. Worried that this condition will get worse in the future

☐ Extremely

☐ Quite a bit

☐ Moderately

☐ A little bit

☐ Not at all

13. Worried that there is no effective treatment for this condition (having to get up at night to urinate)

☐ Extremely

☐ Quite a bit

☐ Moderately

☐ A little bit

☐ Not at all

14. Overall, how bothersome has having to get up at night to urinate been during the past four weeks?

☐ Extremely

☐ Quite a bit

☐ Moderately

☐ A little bit

☐ Not at all

15. Overall, how much does having to get up at night to urinate interfere with your everyday life?

0

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