

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

	<input type="radio"/> Every night
	<input type="radio"/> Most nights
10. Concerned that I am disturbing others in the house because of having to get up at night to urinate	<input type="radio"/> Some nights
	<input type="radio"/> Rarely
	<input type="radio"/> Never
	<input type="radio"/> Every night
	<input type="radio"/> Most nights
11. Preoccupied about having to get up at night to urinate	<input type="radio"/> Some nights
	<input type="radio"/> Rarely
	<input type="radio"/> Never
	<input type="radio"/> Extremely
	<input type="radio"/> Quite a bit
12. Worried that this condition will get worse in the future	<input type="radio"/> Moderately
	<input type="radio"/> A little bit
	<input type="radio"/> Not at all
	<input type="radio"/> Extremely
	<input type="radio"/> Quite a bit
13. Worried that there is no effective treatment for this condition (having to get up at night to urinate)	<input checked="" type="radio"/> Moderately
	<input type="radio"/> A little bit
	<input type="radio"/> Not at all
	<input type="radio"/> Extremely
	<input type="radio"/> Quite a bit
14. Overall, how bothersome has having to get up at night to urinate been during the past four weeks?	<input type="radio"/> Moderately
	<input type="radio"/> A little bit
	<input type="radio"/> Not at all
15. Overall, how much does having to get up at night to urinate interfere with your everyday life?	0 1 2 3 4 5 6 7 8 9 10