

## IMPACT: Urinary Function in Men

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Many men experience urinary symptoms some of the time. We are trying to find out how many men experience these symptoms, and how much they bother them. We would be grateful if you could answer the following questions, thinking about how you have been, on average, over the LAST 3 MONTHS.

If you do not have any bothersome urinary symptoms, please **SKIP** these pages and go to the last page, where you will be asked a few more questions about your sexual function.

① Do you usually experience frequent urination?

**NO**  
SKIP TO Q2

**YES**  
PROCEED

Impact
How much does this bother you?
<input type="checkbox"/> Not at all
<input type="checkbox"/> Somewhat
<input type="checkbox"/> Moderately
<input type="checkbox"/> Quite a bit

② Over the last 3 months, have you had to urinate again less than two hours after you finished urinating?

**NO**  
SKIP TO Q3

**YES**  
PROCEED

Frequency	Impact
How often do you experience this?	How much does this bother you?
<input type="checkbox"/> Less than 1 time in 5	<input type="checkbox"/> Not at all
<input type="checkbox"/> Less than half the time	<input type="checkbox"/> Somewhat
<input type="checkbox"/> About half the time	<input type="checkbox"/> Moderately
<input type="checkbox"/> More than half the time	<input type="checkbox"/> Quite a bit
<input type="checkbox"/> Almost always	

**3** Do you typically have to get up each night to urinate from the time you went to bed until the time you got up in the morning?

**NO**  
SKIP TO Q4

**YES**  
PROCEED

Frequency	Impact
<b>How often do you experience this?</b>	<b>How much does this bother you?</b>
<input type="checkbox"/> Less than 1 time in 5 <input type="checkbox"/> Less than half the time <input type="checkbox"/> About half the time <input type="checkbox"/> More than half the time <input type="checkbox"/> Almost always	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit

**4** Do you usually find it difficult to postpone urination?

**NO**  
SKIP TO Q5

**YES**  
PROCEED

Frequency	Impact
<b>How often do you experience this?</b>	<b>How much does this bother you?</b>
<input type="checkbox"/> Less than 1 time in 5 <input type="checkbox"/> Less than half the time <input type="checkbox"/> About half the time <input type="checkbox"/> More than half the time <input type="checkbox"/> Almost always	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit

**5** Do you usually experience urine leakage?

**NO**  
SKIP TO Q6

**YES**  
PROCEED

Frequency	Impact
<b>5A) Do you usually experience urine leakage associated with a feeling of urgency, that is, a strong sensation of needing to go to the bathroom?</b>	<b>How much does this bother you?</b>
<input type="checkbox"/> Less than 1 time in 5 <input type="checkbox"/> Less than half the time <input type="checkbox"/> About half the time <input type="checkbox"/> More than half the time <input type="checkbox"/> Almost always	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit

Urine leakage, cont.



Frequency		Impact
5B)	<b>Do you usually experience urine leakage related to coughing, sneezing, or laughing?</b>	<b>How much does this bother you?</b>
<input type="checkbox"/>	Less than 1 time in 5	<input type="checkbox"/> Not at all
<input type="checkbox"/>	Less than half the time	<input type="checkbox"/> Somewhat
<input type="checkbox"/>	About half the time	<input type="checkbox"/> Moderately
<input type="checkbox"/>	More than half the time	<input type="checkbox"/> Quite a bit
<input type="checkbox"/>	Almost always	

Frequency		Impact
5C)	<b>Do you usually experience small amounts of urine leakage (that is, drops)?</b>	<b>How much does this bother you?</b>
<input type="checkbox"/>	Less than 1 time in 5	<input type="checkbox"/> Not at all
<input type="checkbox"/>	Less than half the time	<input type="checkbox"/> Somewhat
<input type="checkbox"/>	About half the time	<input type="checkbox"/> Moderately
<input type="checkbox"/>	More than half the time	<input type="checkbox"/> Quite a bit
<input type="checkbox"/>	Almost always	

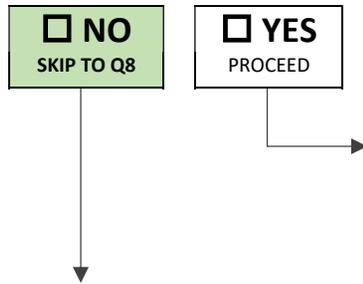
**6** Have you had a sensation of not emptying your bladder completely after you finish urinating?

<input type="checkbox"/> <b>NO</b> SKIP TO Q7	<input type="checkbox"/> <b>YES</b> PROCEED
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Frequency		Impact
<b>How often do you experience this?</b>		<b>How much does this bother you?</b>
<input type="checkbox"/>	Less than 1 time in 5	<input type="checkbox"/> Not at all
<input type="checkbox"/>	Less than half the time	<input type="checkbox"/> Somewhat
<input type="checkbox"/>	About half the time	<input type="checkbox"/> Moderately
<input type="checkbox"/>	More than half the time	<input type="checkbox"/> Quite a bit
<input type="checkbox"/>	Almost always	

**7** Have you had to push or strain to begin urination?

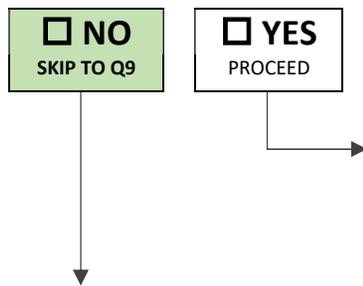
<input type="checkbox"/> <b>NO</b> SKIP TO Q8	<input type="checkbox"/> <b>YES</b> PROCEED
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Frequency	Impact
<b>How often do you experience this?</b>	<b>How much does this bother you?</b>
<input type="checkbox"/> Less than 1 time in 5	<input type="checkbox"/> Not at all
<input type="checkbox"/> Less than half the time	<input type="checkbox"/> Somewhat
<input type="checkbox"/> About half the time	<input type="checkbox"/> Moderately
<input type="checkbox"/> More than half the time	<input type="checkbox"/> Quite a bit
<input type="checkbox"/> Almost always	

**8** Have you found you stop and start again several times when you urinate?

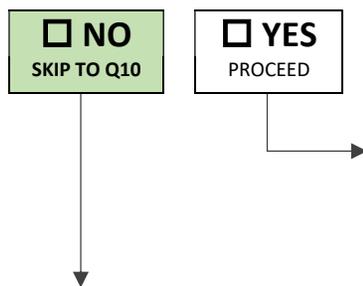
<input type="checkbox"/> <b>NO</b> SKIP TO Q9	<input type="checkbox"/> <b>YES</b> PROCEED
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Frequency	Impact
<b>How often do you experience this?</b>	<b>How much does this bother you?</b>
<input type="checkbox"/> Less than 1 time in 5	<input type="checkbox"/> Not at all
<input type="checkbox"/> Less than half the time	<input type="checkbox"/> Somewhat
<input type="checkbox"/> About half the time	<input type="checkbox"/> Moderately
<input type="checkbox"/> More than half the time	<input type="checkbox"/> Quite a bit
<input type="checkbox"/> Almost always	

**9** Do you have a weak urinary stream?

<input type="checkbox"/> <b>NO</b> SKIP TO Q10	<input type="checkbox"/> <b>YES</b> PROCEED
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Frequency	Impact
<b>How often do you experience this?</b>	<b>How much does this bother you?</b>
<input type="checkbox"/> Less than 1 time in 5	<input type="checkbox"/> Not at all
<input type="checkbox"/> Less than half the time	<input type="checkbox"/> Somewhat
<input type="checkbox"/> About half the time	<input type="checkbox"/> Moderately
<input type="checkbox"/> More than half the time	<input type="checkbox"/> Quite a bit
<input type="checkbox"/> Almost always	

