

# Nocturia Quality of Life questionnaire

To see how Nocturia is affecting you  
**COMPLETE, PRINT and TAKE WITH YOU**  
when you visit your healthcare professional.

Complete the Nocturia Quality of Life questionnaire by either filling in your answers online and clicking save to your device, or downloading, printing and completing it by hand. Bring your completed questionnaire to your appointment with your healthcare professional.

1. Please enter your date of birth:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
DAY	MONTH	YEAR			

2. Are you (click one):

FEMALE       MALE

## **OVER THE PAST FOUR WEEKS, HAVING TO GET UP AT NIGHT TO URINATE...**

(click one)

- |   |                  |   |
|---|------------------|---|
| 3. Has made it difficult for me to concentrate the next day   | Every day        | 4 |
|   | Most days        | 3 |
|   | Some days        | 2 |
|   | Rarely           | 1 |
|   | Never            | 0 |
| 4. Has made me feel generally low in energy the next day      | Every day        | 4 |
|   | Most days        | 3 |
|   | Some days        | 2 |
|   | Rarely           | 1 |
|   | Never            | 0 |
| 5. Has required me to nap during the day                      | Every day        | 4 |
|   | Most days        | 3 |
|   | Some days        | 2 |
|   | Rarely           | 1 |
|   | Never            | 0 |
| 6. Has made me less productive the next day                   | Every day        | 4 |
|   | Most days        | 3 |
|   | Some days        | 2 |
|   | Rarely           | 1 |
|   | Never            | 0 |
| 7. Has caused me to participate less in activities I enjoy    | Extremely        | 4 |
|   | Quite a bit      | 3 |
|   | Moderately       | 2 |
|   | A little bit     | 1 |
|   | Not at all       | 0 |
| 8. Has caused me to be careful about when or how much I drink | All the time     | 4 |
|   | Most of the time | 3 |
|   | Some of the time | 2 |
|   | Rarely           | 1 |
|   | Never            | 0 |

9. Has made it difficult for me to get enough sleep at night	Every night	4
	Most nights	3
	Some nights	2
	Rarely	1
	Never	0

**OVER THE PAST FOUR WEEKS, I HAVE BEEN...**

(click one)

10. Concerned that I am disturbing others in the house because of having to get up at night to urinate	Every night	4
	Most nights	3
	Some nights	2
	Rarely	1
	Not at all	0

11. Preoccupied about having to get up at night to urinate	Every night	4
	Most nights	3
	Some nights	2
	Rarely	1
	Not at all	0

12. Worried that this condition will get worse in the future	Extremely	4
	Quite a bit	3
	Moderately	2
	A little bit	1
	Not at all	0

13. Worried that there is no effective treatment for this condition (having to get up at night to urinate)	Extremely	4
	Quite a bit	3
	Moderately	2
	A little bit	1
	Not at all	0

14. Overall, how bothersome has having to get up at night to urinate been during the past four weeks?	Extremely	4
	Quite a bit	3
	Moderately	2
	A little bit	1
	Not at all	0

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
	Please click a number between 0 (not at all) and 10 (a great deal)

## INFORMATION FOR HEALTHCARE PROFESSIONALS ONLY

0-52 overall score with greater values indicating increased impact on quality of life.

Bother scale not incorporated into overall score, but indicates impact of symptoms overall for the patient.