

ICS Male Questionnaire & Bladder Diary


Date of Birth		Country	
Medical Conditions			
Regular Medicines			

- 1 a **Is there a delay before you can start to urinate?**
 Never Occasionally
 Sometimes Most of the time
 All of the time
- 1 b **How much does this bother you?**
Not at all < 0 1 2 3 4 5 6 7 8 9 10 > A great deal
- 2 a **Do you have to strain to continue urinating?**
 Never Occasionally
 Sometimes Most of the time
 All of the time
- 2 b **How much does this bother you?**
Not at all < 0 1 2 3 4 5 6 7 8 9 10 > A great deal
- 3 a **Would you say that the strength of your urinary stream is...**
 Normal Occasionally reduced
 Sometimes reduced Reduced most of the time
 Reduced all of the time
- 3 b **How much does this bother you?**
Not at all < 0 1 2 3 4 5 6 7 8 9 10 > A great deal
- 4 a **Do you stop and start more than once while you urinate?**
 Never Occasionally
 Sometimes Most of the time
 All of the time
- 4 b **How much does this bother you?**
Not at all < 0 1 2 3 4 5 6 7 8 9 10 > A great deal
- 5 a **How often do you feel that your bladder has not emptied properly after you have urinated?**
 Never Occasionally
 Sometimes Most of the time
 All of the time
- 5 b **How much does this bother you?**
Not at all < 0 1 2 3 4 5 6 7 8 9 10 > A great deal
- 6 a **Do you have a sudden need to rush to the toilet to urinate?**
 Never Occasionally
 Sometimes Most of the time
 All of the time
- 6 b **How much does this bother you?**
Not at all < 0 1 2 3 4 5 6 7 8 9 10 > A great deal
- 7 a **Does urine leak before you can get to the toilet?**
 Never Occasionally
 Sometimes Most of the time
 All of the time
- 7 b **How much does this bother you?**
Not at all < 0 1 2 3 4 5 6 7 8 9 10 > A great deal
- 8 a **Does urine leak when you cough or sneeze?**
 Never Occasionally
 Sometimes Most of the time
 All of the time
- 8 b **How much does this bother you?**
Not at all < 0 1 2 3 4 5 6 7 8 9 10 > A great deal
- 9 a **Do you ever leak for no obvious reason and without feeling that you want to go?**
 Never Occasionally
 Sometimes Most of the time
 All of the time
- 9 b **How much does this bother you?**
Not at all < 0 1 2 3 4 5 6 7 8 9 10 > A great deal

- 10 a **Do you leak urine when you are asleep?**
 Never Occasionally
 Sometimes Most of the time
 All of the time
- 10 b **How much does this bother you?**
Not at all < 0 1 2 3 4 5 6 7 8 9 10 > A great deal
- 11 a **Do you leak urine a few minutes after you have finished urinating and had dressing yourself?**
 Never Occasionally
 Sometimes Most of the time
 All of the time
- 11 b **How much does this bother you?**
Not at all < 0 1 2 3 4 5 6 7 8 9 10 > A great deal
- 12 a **How often do you pass urine during the day?**
 1 - 6 times 7 - 8 times
 9 - 10 times 11 - 12 times
 13 or more times
- 12 b **How much does this bother you?**
Not at all < 0 1 2 3 4 5 6 7 8 9 10 > A great deal
- 13 a **During the night, how many times do you have to get up to urinate, on average?**
 None One
 Two Three
 Four or more
- 13 b **How much does this bother you?**
Not at all < 0 1 2 3 4 5 6 7 8 9 10 > A great deal

24 Hour Bladder Diary			Date ___/___/___		
Time*	Drinks		Urine Amount (ml)	Bladder Sensation (1-5)	Pads
	Amount (ml)	Type			
*Remember to indicate the time you woke and slept					
6 am					
7 am					
8 am					
9 am					
10 am					
11 am					
Midday					
1 pm					
2 pm					
3 pm					
4 pm					
5 pm					
6 pm					
7 pm					
8 pm					
9 pm					
10 pm					
11 pm					
Midnight					
1 am					
2 am					
3 am					
4 am					
5 am					

Are you willing to give us more data in the future? Yes No

 Please photograph or scan this completed form and return at www.ics.org/diary or email to diary@ics.org