

ICS Female Questionnaire & Bladder Diary

Date of Birth		Country	
Medical Conditions			
Regular Medicines			

1 a During the night, how many times do you have to get up to urinate, on average?

- None One
 Two Three
 Four

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 a sudden need to rush to the toilet to urinate?

- 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 Do you have pain in your bladder?

- Never Occasionally
 Sometimes Most of the time
 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 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

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 Is there a delay before you can start to urinate?

- 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 to strain 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 Do you stop and start more than once while you urinate?

- 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 before you can get to the toilet?

- 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 How often do you leak urine?

- 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 Does urine leak when you are physically active, exert yourself, cough or sneeze?

- 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 ever leak urine for no obvious reason and without feeling that you want to go?

- 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 Do you leak urine when you are asleep?


- Never Occasionally
 Sometimes Most of the time
 All of the time

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

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