

INTERNATIONAL CONTINENCE SOCIETY-MALE (ICS-MALE)

Donovan, J.L., Peters, T.J., Brookes, ST., De La Rosette, J.J.M.C.H., & Schäfer, W. (2000). Scoring the short form ICSmaleSF questionnaire. *The Journal of Urology*. 164: 1948-1955.

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Instrument de mesure	International Continence Society male
Abréviation	ICSmale / ICSmale SF
Auteur	Donovan, J.L.
Thème	Continence et incontinence
Objectif	Évaluation approfondie des symptômes relatifs au tractus urinaire inférieur et les plaintes qui y sont associées
Population	Hommes présentant des symptômes relatifs au tractus urinaire inférieur (LUTS) et éventuellement une hyperplasie prostatique bénigne
Administrateur	Par le patient/ auto-rapportage
Nombre items	SF: 13 / LF:23
Présence du patient requise	Oui
Lieu où se situe l'instrument	Donovan, J.L., Peters, T.J., Brookes, ST., De La Rosette, J.J.M.C.H., & Schäfer, W. (2000). Scoring the short form ICSmaleSF questionnaire. <i>The Journal of Urology</i> . 164: 1948-1955. Donovan, J.L., Abrams, P., Peters, T.J., Kay, H.E., Reynard, J., Chapple, C., De La Rosette, J.J.M.C.H. & Kondo, A. (1996) The ICS-‘BPH’ Study: the psychometric validity and reliability of the ICSmale questionnaire. <i>British Journal of Urology</i> . 77, 554-562.

## **BUT**

L'ICS male SF —International Continenence Society male Short Form— a pour objectif d'évaluer les symptômes relatifs au tractus urinaire inférieur et les plaintes qui y sont associées. Il investigue aussi l'impact de ces symptômes sur la qualité de vie. (Donovan, J.L., Peters, T.J., Brookes, ST., De La Rosette, J.J.M.C.H., & Schäfer, W., 2000).

## **PUBLIC CIBLE**

Les hommes présentant une affection bénigne de la prostate constituent le public cible (Donovan, J.L., Peters, T.J., Brookes, ST., De La Rosette, J.J.M.C.H., & Schäfer, W., 2000).

## **DESCRIPTION**

La liste de questions doit être complétée par les patients eux-mêmes (Donovan, J.L., Abrams, P., Peters, T.J., Kay, H.E., Reynard, J., Chapple, C., De La Rosette, J.J.M.C.H. & Kondo, A. 1996). L'ICSmaleSF contient 6 questions sur l'incontinence et 5 en lien avec la vidange vasculaire pour lesue un score séparé est attribué. Les scores à attribuer oscillent entre 0 et 4. Pour conclure, il y a encore 3 questions complémentaires sur la fréquence, la nocturie et la qualité de vie. Ces questions ont été construites séparément et n'interviennent pas dans le calcul du score total (Donovan, J.L., Peters, T.J., Brookes, ST., De La Rosette, J.J.M.C.H., & Schäfer, W., 2000). La version longue —ICSmale— contient 23 items et évalue les symptômes relatifs au tractus urinaire inférieur —LUTS— et l'impact sur la qualité de vie.

## **FIABILITE**

Les chercheurs ont mis en évidence une consistance interne élevée (*interne consistencie*) ( $\alpha=0.84$  vs  $0.83$  et  $\alpha=0.91$  vs  $0.89$  pour les symptômes et les problèmes) et une bonne stabilité (test-retest) pour la version longue de l'ICSmale (Bertaccini, A. et al., 2001; Donovan, J. L. et al., 1996). Si seuls les items relatifs à la qualité de vie étaient pris en compte, il y aurait alors une stabilité modérée et une faible consistance interne :  $\alpha=0.59$  (Bertaccini, A. et al., 2001). Lors du développement de la version courte et pour confirmer la cohésion des items, en plus de l'analyse factorielle, un coefficient alpha de Cronbach a

été calculé (ICSmaleVS:  $\alpha=0.76$ ; ICSmale IS:  $\alpha=0.78$ ) (Donovan, J.L., Peters, T.J., Brookes, ST., De La Rosette, J.J.M.C.H., & Schäfer, W., 2000).

## VALIDITE

La *concurrente validity* de la version longue de l'ICSmale a été recherchée en corrélant les items relatifs à la fréquence et la nocturie avec ceux de la fréquence et volume consignés dans le journalier. Le résultat était très mitigé ( $\kappa=0.20-0.57$ ). D'autre part, les auteurs ont comparé les items relatifs à la diminution du flux avec ceux résultant d'un *uroflowmeting*. La relation entre les deux était faible. La validité de contenu a été confirmée en croisant les questions de la version longue, les entretiens avec les patients, le rapportage des symptômes par les urologues et les symptômes d'une autre liste de questions. . La liste de questions visait à différencier les hommes consultant en ambulatoire des patients hospitalisés (*construct validity*) (Donovan, J. L. et al., 1996). C'était en particulier le cas pour les items qualité de vie (ICSQol), pour lesquels une corrélation négative avec le SF-36/ EuroQol avait été mise en évidence (Donovan, J. L. et al., 1996; Donovan, J. L. et al., 1997).

Une analyse factorielle a été réalisée pour agréger les items du ICSmaleSF en deux facteurs principaux : le ICSmaleVS et le ICSmaleIS (Donovan, J. L. et al., 2000).

## CONVIVIALITE

Selon les entretiens avec les patients, il ressort que les questions du ICSmale version longue sont aisément compréhensible et peuvent être complétée sans aide (Donovan, J. L. et al., 1996).

## REMARQUES

Il est possible que différents modules posent des questions similaires. Pour diagnostiquer les patients avec une vessie hyperactive, identifiée par le module' ICIQ-OAB', il est recommandé aussi de poser l'ICSmale SF et le BFLUTS SF. Pour les patients de ce groupe spécifique, 4 items doivent être posés de ces listes de questions, à savoir : fréquence, nocturie, besoin imminent et l'incontinence irrépessible. Pour

évaluer les patients souffrant de nocturie, l'ICSmale SF et le BFLUTS SF sont recommandés. Dans ce cas, seuls deux items sont investigués : fréquence et nocturie (Staskin, D. et al., 2009).

## VARIANTES

Une alternative au ICSmale est la version longue —ICIQ-MLUTS LF. Les questions de ce dernier constituent un module optionnel à la version courte (Staskin, D. et al., 2009). Les questionnaires ont été traduits dans plus de 10 langues différentes (Donovan, J. L. et al., 1996).

## REFERENCES

Bertaccini, A., Vassallo, F., Martino, F., Luzzi, L., Rossetti, S.R., Di Silverio, D.F., Comunale, L. (2001). Symptoms, Bothersomeness and Quality of Life in Patients with LUTS Suggestive of BPH. *Eur Urol.* 40(suppl 1):13-18.

Donovan, J.L., Abrams, P., Peters, T.J., Kay, H.E., Reynard, J., Chapple, C., De La Rosette, J.J.M.C.H. & Kondo, A. (1996) The ICS-'BPH' Study: the psychometric validity and reliability of the ICSmale questionnaire. *British Journal of Urology.* 77, 554-562.

Donovan, J. L., Kay, H. E., Peters, T. J., Abrams, P., Coast, J., Matos-Ferreira, A., Rentzhog, L., Bosch, J. L., Nordling, J., Gajewski, J. B., Barbalias, G., Schick, E., Silva, M. M., Nissenkorn, I., & De La Rosette, J. J. (1997). Using the ICSoL to measure the impact of lower urinary tract symptoms on quality of life: evidence from the ICS-'BPH' Study. International Continence Society--Benign Prostatic Hyperplasia. *Br.J Urol., 80,* 712-721.

Donovan, J.L., Peters, T.J., Brookes, ST., De La Rosette, J.J.M.C.H., & Schäfer, W. (2000). Scoring the short form ICSmaleSF questionnaire. *The Journal of Urology.* 164: 1948-1955.

## LIEU OÙ TROUVER L'INSTRUMENT

Donovan, J.L., Peters, T.J., Brookes, ST., De La Rosette, J.J.M.C.H., & Schäfer, W. (2000). Scoring the short form ICSmaleSF questionnaire. *The Journal of Urology*. 164: 1948-1955.

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## International Consultation on Incontinence Questionnaire – Male Lower Urinary Tract

### Symptoms (ICIQ-MLUTS)

Donovan, J.L., Peters, T.J., Brookes, ST., De La Rosette, J.J.M.C.H., & Schäfer, W. (2000)

Donovan, J.L., Abrams, P., Peters, T.J., Kay, H.E., Reynard, J., Chapple, C., De La Rosette, J.J.M.C.H. & Kondo, A. (1996)

Author (year)	Setting	Sample (n)	Design	Reliability	Validity
Donovan, J.L., Peters, T.J., Brookes, ST., De La Rosette, J.J.M.C.H., & Schäfer, W. (2000)	Clinics in several countries	Two data sets were used: <b>ICS/BPH study:</b> men with LUTS (n=1271) <b>CLASP study:</b> men with uncomplicated LUTS (n=340)	Validation study	IC	CrV
Donovan, Abrams, P., Peters, T.J., Kay, H.E., Reynard, J., Chapple, C., De La Rosette, J.J.M.C.H. & Kondo, A. (1996)	Urology departments in 12 countries? GENERAL PRACTICE uk	Men with LUTS & possible benign prostatic obstruction (n=1271); ambulant men (n=423)	Observational study	IC S	CtV CvS CrV
Bertaccini, A., Vassallo, F., Martino, F., Luzzi, L., Rossetti, S.R., Di Silverio, D.F., Comunale, L. (2001)	Not specified	Patients (n=1033); 685 (of 970) ICSmale questionnaires were completed and 843 (of 969) ICSQol questionnaires	Not specified	IC	
(Donovan, J. L. et al., 1997)	Urology departments in 12 countries, general practice Uk	Men with LUTS & possible benign prostatic obstruction (n=1271); ambulant men (n=423)	Observational study	S IC	Csv

Betrouwbaarheid/ fiabiliteit: Stability (S), Internal Consistency (IC), Equivalence (E)

Validiteit/ validité: Face Validity (FV), Content Validity (CtV), Criterion Validity (CrV), Construct Validity (CvS)

Sensitivity (Sen), Specificity (Sp), Positive Predictive Value (PPV), Negative Predictive Value (NPV), Receiver Operating Curve (ROC), Likelihood Ratio (LR), Odds Ratio (OR), Area Under the Curve (AUC)

Results reliability	Results validity	Commentary
<p><b>IC</b> The chronbach's alpha coefficients were high for the two factors: Voiding <math>\alpha=0.76</math> Incontinence=<math>0.78</math></p>	<p><b>CrV</b> The ICsmale was compared with the I-PSS. The strongest correlation was found between the I-PSS and the ICS-VS.  <i>Factor analysis</i> Two factors derived from an 11-item model. One major factor consisted of voiding symptoms (loadings &gt;0.5) and one factor consisted of incontinence symptoms (loadings &gt;0.45).</p>	
<p><b>S</b> The questionnaire was completed by men two weeks after the first completion.  Spearman rank correlation coefficient for the symptom score between the two time points was 0.78 and 0.83 for the problem score.</p> <p><b>IC</b> Symptom questions (n=20) <math>\alpha=0.84</math> Problem questions (n=19) <math>\alpha=0.91</math></p>	<p><b>CtV</b> The questions (n=20) were derived from interviews with men, symptoms identified by urologists and symptoms of other questionnaires.</p> <p><b>CsV</b> Men in the clinical setting had higher level of symptoms than men in the community. Men in the community showed an increase in the prevalence of the majority of symptoms with increasing age.</p> <p><b>CrV</b> The results of the frequency-volume diary were compared with the items in the questionnaire concerning frequency and nocturia.</p> <ul style="list-style-type: none"> <li>- Question 1 frequency (times per day) compared with frequency volume data: 41 % agreement or <math>\kappa=0.20</math></li> <li>- Question 28 frequency (hours between urination) compared with frequency volume data: 61% agreement, <math>\kappa= 0.27</math></li> <li>- Question 2 nocturia compared with frequency volume data: 68% agreement, <math>\kappa=0.57</math></li> </ul> <p>The results of the uroflowmetry were compared with questions associated with the strength of stream. There was a weak relationship between the objective data and men's perception of low flow.</p>	

Betrouwbaarheid/ fiabilité: Stability (S), Internal Consistency (IC), Equivalence (E)

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Sensitivity (Sen), Specificity (Sp), Positive Predictive Value (PPV), Negative Predictive Value (NPV), Receiver Operating Curve (ROC), Likelihood Ratio (LR), Odds Ratio (OR), Area Under the Curve (AUC)

Results reliability	Results validity	Commentary
<p><b>IC</b> Symptom questions: <math>\alpha=0.83</math> Bother questions: <math>\alpha=0.89</math> ICSQoL items: <math>\alpha=0.53</math></p>		
<p><b>S</b> Test-retest 40 patients completed the questionnaire 2 weeks after the first completion, for 5 items the test-retest reliability was reasonable.</p> <p><b>IC</b> The IC of the 5 items was low: <math>\alpha=0.59</math> Inter-item correlations were significant but low and ranged from <math>r=0.065</math> to <math>0.54</math></p>	<p><b>CtV</b> The content validity was also indicated by a good understanding of questions in interviews with men.</p> <p><b>CsV</b></p> <ul style="list-style-type: none"> <li>- There were differences between men in the community and men in the clinic. Men in the community reported much greater interference with life caused by their urinary symptoms.</li> <li>- There were no relationships between age and any of the ICSQoL items (men in the clinic).</li> <li>- Most of the LUTS questions were related to the QoL – questions</li> <li>- Negative correlations were found for the SF-36 and the EuroQoL. The strongest correlations were found with the general ICSQoL items.</li> </ul>	

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Validiteit/ validiteit: Face Validity (FV), Content Validity (CtV), Criterion Validity (CrV), Construct Validity (CsV)

Sensitivity (Sen), Specificity (Sp), Positive Predictive Value (PPV), Negative Predictive Value (NPV), Receiver Operating Curve (ROC), Likelihood Ratio (LR), Odds Ratio (OR), Area Under the Curve (AUC)



VERSION ANGLAISE

SOURCES : DONOVAN, J.L., ABRAMS, P., PETERS, T.J., KAY, H.E., REYNARD, J., CHAPPLE, C., DE LA ROSETTE, J.J.M.C.H. & KONDO, A. (1996) THE ICS-'BPH' STUDY: THE PSYCHOMETRIC VALIDITY AND RELIABILITY OF THE ICSMALE QUESTIONNAIRE. BRITISH JOURNAL OF UROLOGY. 77, 554-562.

**CONFIDENTIAL**

**ICS-'BPH' study questionnaire (developmental version)**

Please complete today's date     
 DAY MONTH YEAR

We need to find out about your urinary symptoms and also how much of a problem they are. We are very grateful that you can help us by filling in this questionnaire.

Please answer both parts of each question, thinking about the **symptoms you have experienced in the last month.**

You will see that some questions ask if you have a symptom occasionally, sometimes or most of the time.

**Occasionally** = **less than one third of the time**  
**Sometimes** = **between one and two thirds of the time**  
**Most of the time** = **more than two thirds of the time**

Please put a tick in one box for each question ✓

If you have any difficulty answering any of the questions, please ask.

		<i>Office use only</i>
<b>1</b>	<b>During the day, how many times do you urinate, on average?</b>	
	1 to 6 times <input type="checkbox"/>	1
	7 to 8 times <input type="checkbox"/>	2
	9 to 10 times <input type="checkbox"/>	3
	11 to 12 times <input type="checkbox"/>	4
	13 or more times <input type="checkbox"/>	5
	<b>How much of a problem is this for you?</b>	
	not a problem <input type="checkbox"/>	1
	a bit of a problem <input type="checkbox"/>	2
	quite a problem <input type="checkbox"/>	3
a serious problem <input type="checkbox"/>	4	
<b>2</b>	<b>During the night, how many times do you have to get up to urinate, on average?</b>	
	none <input type="checkbox"/>	0
	one <input type="checkbox"/>	1
	two <input type="checkbox"/>	2
	three <input type="checkbox"/>	3
	four or more <input type="checkbox"/>	4
	<b>How much of a problem is this for you?</b>	
	not a problem <input type="checkbox"/>	1
	a bit of a problem <input type="checkbox"/>	2
	quite a problem <input type="checkbox"/>	3
a serious problem <input type="checkbox"/>	4	

<p><b>3 Do you have to rush to the toilet to urinate?</b></p> <p style="text-align: right;">never <input type="checkbox"/></p> <p style="text-align: right;">occasionally (less than one third of the time) <input type="checkbox"/></p> <p style="text-align: right;">sometimes (between one and two thirds of the time) <input type="checkbox"/></p> <p style="text-align: right;">most of the time (more than two thirds of the time) <input type="checkbox"/></p> <p style="text-align: right;">all of the time <input type="checkbox"/></p> <p><b>How much of a problem is this for you?</b></p> <p style="text-align: right;">not a problem <input type="checkbox"/></p> <p style="text-align: right;">a bit of a problem <input type="checkbox"/></p> <p style="text-align: right;">quite a problem <input type="checkbox"/></p> <p style="text-align: right;">a serious problem <input type="checkbox"/></p>	<p><i>Office use only</i></p> <p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>1</p> <p>2</p> <p>3</p> <p>4</p>		
	<p><b>4 Does urine leak before you can get to the toilet?</b></p> <p style="text-align: right;">never <input type="checkbox"/></p> <p style="text-align: right;">occasionally <input type="checkbox"/></p> <p style="text-align: right;">sometimes <input type="checkbox"/></p> <p style="text-align: right;">most of the time <input type="checkbox"/></p> <p style="text-align: right;">all of the time <input type="checkbox"/></p> <p><b>How much of a problem is this for you?</b></p> <p style="text-align: right;">not a problem <input type="checkbox"/></p> <p style="text-align: right;">a bit of a problem <input type="checkbox"/></p> <p style="text-align: right;">quite a problem <input type="checkbox"/></p> <p style="text-align: right;">a serious problem <input type="checkbox"/></p>	<p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>1</p> <p>2</p> <p>3</p> <p>4</p>	
		<p><b>5 Do you have pain in your bladder?</b></p> <p style="text-align: right;">never <input type="checkbox"/></p> <p style="text-align: right;">occasionally <input type="checkbox"/></p> <p style="text-align: right;">sometimes <input type="checkbox"/></p> <p style="text-align: right;">most of the time <input type="checkbox"/></p> <p style="text-align: right;">all of the time <input type="checkbox"/></p> <p><b>How much of a problem is this for you?</b></p> <p style="text-align: right;">not a problem <input type="checkbox"/></p> <p style="text-align: right;">a bit of a problem <input type="checkbox"/></p> <p style="text-align: right;">quite a problem <input type="checkbox"/></p> <p style="text-align: right;">a serious problem <input type="checkbox"/></p>	<p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>1</p> <p>2</p> <p>3</p> <p>4</p>

<p><b>6 Does urine leak when you cough or sneeze?</b></p> <p>never <input type="checkbox"/></p> <p>occasionally <input type="checkbox"/></p> <p>sometimes <input type="checkbox"/></p> <p>most of the time <input type="checkbox"/></p> <p>all of the time <input type="checkbox"/></p> <p><b>How much of a problem is this for you?</b></p> <p>not a problem <input type="checkbox"/></p> <p>a bit of a problem <input type="checkbox"/></p> <p>quite a problem <input type="checkbox"/></p> <p>a serious problem <input type="checkbox"/></p>	<p><i>Office use only</i></p> <p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>1</p> <p>2</p> <p>3</p> <p>4</p>	
	<p>never <input type="checkbox"/></p> <p>occasionally (less than one third of the time) <input type="checkbox"/></p> <p>sometimes (between one and two thirds of the time) <input type="checkbox"/></p> <p>most of the time (more than two thirds of the time) <input type="checkbox"/></p> <p>all of the time <input type="checkbox"/></p> <p><b>How much of a problem is this for you?</b></p> <p>not a problem <input type="checkbox"/></p> <p>a bit of a problem <input type="checkbox"/></p> <p>quite a problem <input type="checkbox"/></p> <p>a serious problem <input type="checkbox"/></p>	<p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>1</p> <p>2</p> <p>3</p> <p>4</p>
	<p>never <input type="checkbox"/></p> <p>occasionally <input type="checkbox"/></p> <p>sometimes <input type="checkbox"/></p> <p>most of the time <input type="checkbox"/></p> <p>all of the time <input type="checkbox"/></p> <p><b>How much of a problem is this for you?</b></p> <p>not a problem <input type="checkbox"/></p> <p>a bit of a problem <input type="checkbox"/></p> <p>quite a problem <input type="checkbox"/></p> <p>a serious problem <input type="checkbox"/></p>	<p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>1</p> <p>2</p> <p>3</p> <p>4</p>

<p><b>9</b></p>	<p><b>Do you have to strain to <u>start</u> urinating?</b></p> <p>never <input type="checkbox"/></p> <p>occasionally <input type="checkbox"/></p> <p>sometimes <input type="checkbox"/></p> <p>most of the time <input type="checkbox"/></p> <p>all of the time <input type="checkbox"/></p> <p><b>How much of a problem is this for you?</b></p> <p>not a problem <input type="checkbox"/></p> <p>a bit of a problem <input type="checkbox"/></p> <p>quite a problem <input type="checkbox"/></p> <p>a serious problem <input type="checkbox"/></p>	<p>never <input type="checkbox"/></p> <p>occasionally <input type="checkbox"/></p> <p>sometimes <input type="checkbox"/></p> <p>most of the time <input type="checkbox"/></p> <p>all of the time <input type="checkbox"/></p> <p>not a problem <input type="checkbox"/></p> <p>a bit of a problem <input type="checkbox"/></p> <p>quite a problem <input type="checkbox"/></p> <p>a serious problem <input type="checkbox"/></p>	<p><i>Office use only</i></p> <p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>1</p> <p>2</p> <p>3</p> <p>4</p>
<p><b>10</b></p>	<p><b>Do you have to strain to <u>continue</u> urinating?</b></p> <p>never <input type="checkbox"/></p> <p>occasionally (less than one third of the time) <input type="checkbox"/></p> <p>sometimes (between one and two thirds of the time) <input type="checkbox"/></p> <p>most of the time (more than two thirds of the time) <input type="checkbox"/></p> <p>all of the time <input type="checkbox"/></p> <p><b>How much of a problem is this for you?</b></p> <p>not a problem <input type="checkbox"/></p> <p>a bit of a problem <input type="checkbox"/></p> <p>quite a problem <input type="checkbox"/></p> <p>a serious problem <input type="checkbox"/></p>	<p>never <input type="checkbox"/></p> <p>occasionally (less than one third of the time) <input type="checkbox"/></p> <p>sometimes (between one and two thirds of the time) <input type="checkbox"/></p> <p>most of the time (more than two thirds of the time) <input type="checkbox"/></p> <p>all of the time <input type="checkbox"/></p> <p>not a problem <input type="checkbox"/></p> <p>a bit of a problem <input type="checkbox"/></p> <p>quite a problem <input type="checkbox"/></p> <p>a serious problem <input type="checkbox"/></p>	<p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>1</p> <p>2</p> <p>3</p> <p>4</p>
<p><b>11</b></p>	<p><b>Do you usually urinate standing up or sitting down?</b></p> <p>standing up <input type="checkbox"/></p> <p>sitting down <input type="checkbox"/></p> <p><b>How much of a problem is this for you?</b></p> <p>not a problem <input type="checkbox"/></p> <p>a bit of a problem <input type="checkbox"/></p> <p>quite a problem <input type="checkbox"/></p> <p>a serious problem <input type="checkbox"/></p>	<p>standing up <input type="checkbox"/></p> <p>sitting down <input type="checkbox"/></p> <p>not a problem <input type="checkbox"/></p> <p>a bit of a problem <input type="checkbox"/></p> <p>quite a problem <input type="checkbox"/></p> <p>a serious problem <input type="checkbox"/></p>	<p>1</p> <p>2</p> <p>1</p> <p>2</p> <p>3</p> <p>4</p>

**12** 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

**How much of a problem is this for you?**

not a problem

a bit of a problem

quite a problem

a serious problem

*Office use only*

1

2

3

4

5

1

2

3

4

**13** Do you think you have *always* had a weak stream?

no

yes

1

2

**14** Would you say that the strength of your urinary stream is... (please ring one number)

Which is it ?

(from Peeling, 1989)

1

2

3

4

<p><b>15 Do you stop and start more than once while you urinate?</b></p> <p style="text-align: right;">never <input type="checkbox"/></p> <p style="text-align: right;">occasionally <input type="checkbox"/></p> <p style="text-align: right;">sometimes <input type="checkbox"/></p> <p style="text-align: right;">most of the time <input type="checkbox"/></p> <p style="text-align: right;">all of the time <input type="checkbox"/></p> <p><b>How much of a problem is this for you?</b></p> <p style="text-align: right;">not a problem <input type="checkbox"/></p> <p style="text-align: right;">a bit of a problem <input type="checkbox"/></p> <p style="text-align: right;">quite a problem <input type="checkbox"/></p> <p style="text-align: right;">a serious problem <input type="checkbox"/></p>	<p style="text-align: right;">1</p> <p style="text-align: right;">2</p> <p style="text-align: right;">3</p> <p style="text-align: right;">4</p> <p style="text-align: right;">5</p> <p style="text-align: right;">1</p> <p style="text-align: right;">2</p> <p style="text-align: right;">3</p> <p style="text-align: right;">4</p>	<p><i>Office use only</i></p> <p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>1</p> <p>2</p> <p>3</p> <p>4</p>
<p><b>16 Do you have a burning feeling when you urinate ?</b></p> <p style="text-align: right;">never <input type="checkbox"/></p> <p style="text-align: right;">occasionally <input type="checkbox"/></p> <p style="text-align: right;">sometimes <input type="checkbox"/></p> <p style="text-align: right;">most of the time <input type="checkbox"/></p> <p style="text-align: right;">all of the time <input type="checkbox"/></p> <p><b>How much of a problem is this for you?</b></p> <p style="text-align: right;">not a problem <input type="checkbox"/></p> <p style="text-align: right;">a bit of a problem <input type="checkbox"/></p> <p style="text-align: right;">quite a problem <input type="checkbox"/></p> <p style="text-align: right;">a serious problem <input type="checkbox"/></p>	<p style="text-align: right;">1</p> <p style="text-align: right;">2</p> <p style="text-align: right;">3</p> <p style="text-align: right;">4</p> <p style="text-align: right;">5</p> <p style="text-align: right;">1</p> <p style="text-align: right;">2</p> <p style="text-align: right;">3</p> <p style="text-align: right;">4</p>	<p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>1</p> <p>2</p> <p>3</p> <p>4</p>
<p><b>17 How often do you feel that your bladder has not emptied properly after you have urinated?</b></p> <p style="text-align: right;">never <input type="checkbox"/></p> <p style="text-align: right;">occasionally (less than one third of the time) <input type="checkbox"/></p> <p style="text-align: right;">sometimes (between one and two thirds of the time) <input type="checkbox"/></p> <p style="text-align: right;">most of the time (more than two thirds of the time) <input type="checkbox"/></p> <p style="text-align: right;">all of the time <input type="checkbox"/></p> <p><b>How much of a problem is this for you?</b></p> <p style="text-align: right;">not a problem <input type="checkbox"/></p> <p style="text-align: right;">a bit of a problem <input type="checkbox"/></p> <p style="text-align: right;">quite a problem <input type="checkbox"/></p> <p style="text-align: right;">a serious problem <input type="checkbox"/></p>	<p style="text-align: right;">1</p> <p style="text-align: right;">2</p> <p style="text-align: right;">3</p> <p style="text-align: right;">4</p> <p style="text-align: right;">5</p> <p style="text-align: right;">1</p> <p style="text-align: right;">2</p> <p style="text-align: right;">3</p> <p style="text-align: right;">4</p>	<p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>1</p> <p>2</p> <p>3</p> <p>4</p>

<p><b>18 Does your urine stream end with a dribble?</b></p> <p style="text-align: right;">never <input type="checkbox"/></p> <p style="text-align: right;">occasionally <input type="checkbox"/></p> <p style="text-align: right;">sometimes <input type="checkbox"/></p> <p style="text-align: right;">most of the time <input type="checkbox"/></p> <p style="text-align: right;">all of the time <input type="checkbox"/></p> <p><b>How much of a problem is this for you?</b></p> <p style="text-align: right;">not a problem <input type="checkbox"/></p> <p style="text-align: right;">a bit of a problem <input type="checkbox"/></p> <p style="text-align: right;">quite a problem <input type="checkbox"/></p> <p style="text-align: right;">a serious problem <input type="checkbox"/></p>	<p style="text-align: right;">never <input type="checkbox"/></p> <p style="text-align: right;">occasionally <input type="checkbox"/></p> <p style="text-align: right;">sometimes <input type="checkbox"/></p> <p style="text-align: right;">most of the time <input type="checkbox"/></p> <p style="text-align: right;">all of the time <input type="checkbox"/></p> <p style="text-align: right;">not a problem <input type="checkbox"/></p> <p style="text-align: right;">a bit of a problem <input type="checkbox"/></p> <p style="text-align: right;">quite a problem <input type="checkbox"/></p> <p style="text-align: right;">a serious problem <input type="checkbox"/></p>	<p style="text-align: right;"><i>Office use only</i></p> <p style="text-align: right;">1</p> <p style="text-align: right;">2</p> <p style="text-align: right;">3</p> <p style="text-align: right;">4</p> <p style="text-align: right;">5</p> <p style="text-align: right;">1</p> <p style="text-align: right;">2</p> <p style="text-align: right;">3</p> <p style="text-align: right;">4</p>
<p><b>19 How often have you had a slight wetting of your pants a few minutes after you had finished urinating and had dressed yourself?</b></p> <p style="text-align: right;">never <input type="checkbox"/></p> <p style="text-align: right;">occasionally <input type="checkbox"/></p> <p style="text-align: right;">sometimes <input type="checkbox"/></p> <p style="text-align: right;">most of the time <input type="checkbox"/></p> <p style="text-align: right;">all of the time <input type="checkbox"/></p> <p><b>How much of a problem is this for you?</b></p> <p style="text-align: right;">not a problem <input type="checkbox"/></p> <p style="text-align: right;">a bit of a problem <input type="checkbox"/></p> <p style="text-align: right;">quite a problem <input type="checkbox"/></p> <p style="text-align: right;">a serious problem <input type="checkbox"/></p>	<p style="text-align: right;">never <input type="checkbox"/></p> <p style="text-align: right;">occasionally <input type="checkbox"/></p> <p style="text-align: right;">sometimes <input type="checkbox"/></p> <p style="text-align: right;">most of the time <input type="checkbox"/></p> <p style="text-align: right;">all of the time <input type="checkbox"/></p> <p style="text-align: right;">not a problem <input type="checkbox"/></p> <p style="text-align: right;">a bit of a problem <input type="checkbox"/></p> <p style="text-align: right;">quite a problem <input type="checkbox"/></p> <p style="text-align: right;">a serious problem <input type="checkbox"/></p>	<p style="text-align: right;">1</p> <p style="text-align: right;">2</p> <p style="text-align: right;">3</p> <p style="text-align: right;">4</p> <p style="text-align: right;">5</p> <p style="text-align: right;">1</p> <p style="text-align: right;">2</p> <p style="text-align: right;">3</p> <p style="text-align: right;">4</p>
<p><b>20 Do you leak urine when you are asleep?</b></p> <p style="text-align: right;">never <input type="checkbox"/></p> <p style="text-align: right;">occasionally (less than one third of the time) <input type="checkbox"/></p> <p style="text-align: right;">sometimes (between one and two thirds of the time) <input type="checkbox"/></p> <p style="text-align: right;">most of the time (more than two thirds of the time) <input type="checkbox"/></p> <p style="text-align: right;">all of the time <input type="checkbox"/></p> <p><b>How much of a problem is this for you?</b></p> <p style="text-align: right;">not a problem <input type="checkbox"/></p> <p style="text-align: right;">a bit of a problem <input type="checkbox"/></p> <p style="text-align: right;">quite a problem <input type="checkbox"/></p> <p style="text-align: right;">a serious problem <input type="checkbox"/></p>	<p style="text-align: right;">never <input type="checkbox"/></p> <p style="text-align: right;">occasionally (less than one third of the time) <input type="checkbox"/></p> <p style="text-align: right;">sometimes (between one and two thirds of the time) <input type="checkbox"/></p> <p style="text-align: right;">most of the time (more than two thirds of the time) <input type="checkbox"/></p> <p style="text-align: right;">all of the time <input type="checkbox"/></p> <p style="text-align: right;">not a problem <input type="checkbox"/></p> <p style="text-align: right;">a bit of a problem <input type="checkbox"/></p> <p style="text-align: right;">quite a problem <input type="checkbox"/></p> <p style="text-align: right;">a serious problem <input type="checkbox"/></p>	<p style="text-align: right;">1</p> <p style="text-align: right;">2</p> <p style="text-align: right;">3</p> <p style="text-align: right;">4</p> <p style="text-align: right;">5</p> <p style="text-align: right;">1</p> <p style="text-align: right;">2</p> <p style="text-align: right;">3</p> <p style="text-align: right;">4</p>

<p><b>21</b> If you leak urine during the day, do you have to change your clothes or wear pads?</p>	no, urine does not leak	<input type="checkbox"/>	<p><i>Office use only</i></p>
	yes, change underpants	<input type="checkbox"/>	
	yes, change clothes	<input type="checkbox"/>	
	I wear pads	<input type="checkbox"/>	
<p>How much of a problem is this for you?</p>	not a problem	<input type="checkbox"/>	
	a bit of a problem	<input type="checkbox"/>	
	quite a problem	<input type="checkbox"/>	
	a serious problem	<input type="checkbox"/>	
<p><b>22</b> Do you have to urinate again (within 15 minutes) after you thought you had finished urinating?</p>	never	<input type="checkbox"/>	
	occasionally	<input type="checkbox"/>	
	sometimes	<input type="checkbox"/>	
	most of the time	<input type="checkbox"/>	
	all of the time	<input type="checkbox"/>	
<p>How much of a problem is this for you?</p>	not a problem	<input type="checkbox"/>	
	a bit of a problem	<input type="checkbox"/>	
	quite a problem	<input type="checkbox"/>	
	a serious problem	<input type="checkbox"/>	
<p><b>23</b> Have you ever blocked up completely so that you could not urinate at all and had to have a catheter passed to drain the bladder?</p>	no	<input type="checkbox"/>	
	yes, once	<input type="checkbox"/>	
	yes, twice	<input type="checkbox"/>	
	yes, more than twice	<input type="checkbox"/>	



**24 To what extent do you feel that your sex life has been spoiled by your urinary symptoms?**

not at all

a little

somewhat

a lot

**How much of a problem is this for you?**

not a problem

a bit of a problem

quite a problem

a serious problem

**If you have no sex life, how long ago did this stop?**

years

months

*Office  
use only*

1  
2  
3  
4

1  
2  
3  
4

**25 Do you get erections?**

yes, with normal rigidity

yes, with reduced rigidity

yes, with severely reduced rigidity

no, erection not possible

**How much of a problem is this for you?**

not a problem

a bit of a problem

quite a problem

a serious problem

1  
2  
3  
4

1  
2  
3  
4

**26 Do you have an ejaculation of semen?**

yes, normal quantity

yes, reduced quantity

yes, significantly reduced quantity

no ejaculation

**How much of a problem is this for you?**

not a problem

a bit of a problem

quite a problem

a serious problem

1  
2  
3  
4

1  
2  
3  
4

<p><b>27 Do you have pain or discomfort during ejaculation?</b></p> <p style="text-align: right;">no <input type="checkbox"/></p> <p style="text-align: right;">yes, slight pain/discomfort <input type="checkbox"/></p> <p style="text-align: right;">yes, moderate pain/discomfort <input type="checkbox"/></p> <p style="text-align: right;">yes, severe pain/discomfort <input type="checkbox"/></p> <p><b>How much of a problem is this for you?</b></p> <p style="text-align: right;">not a problem <input type="checkbox"/></p> <p style="text-align: right;">a bit of a problem <input type="checkbox"/></p> <p style="text-align: right;">quite a problem <input type="checkbox"/></p> <p style="text-align: right;">a serious problem <input type="checkbox"/></p>	<p><i>Office use only</i></p> <p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>1</p> <p>2</p> <p>3</p> <p>4</p>
<p><b>28 How often do you pass urine during the day?</b></p> <p style="text-align: right;">hourly <input type="checkbox"/></p> <p style="text-align: right;">every 2 hours <input type="checkbox"/></p> <p style="text-align: right;">every 3 hours <input type="checkbox"/></p> <p style="text-align: right;">every 4 hours or more <input type="checkbox"/></p> <p><b>How much of a problem is this for you?</b></p> <p style="text-align: right;">not a problem <input type="checkbox"/></p> <p style="text-align: right;">a bit of a problem <input type="checkbox"/></p> <p style="text-align: right;">quite a problem <input type="checkbox"/></p> <p style="text-align: right;">a serious problem <input type="checkbox"/></p>	<p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>1</p> <p>2</p> <p>3</p> <p>4</p>
<p><b>29 Do you cut down on the amount you drink so that your urinary symptoms improve, and you can do the things you want to do?</b></p> <p style="text-align: right;">never <input type="checkbox"/></p> <p style="text-align: right;">occasionally <input type="checkbox"/></p> <p style="text-align: right;">sometimes <input type="checkbox"/></p> <p style="text-align: right;">most of the time <input type="checkbox"/></p> <p style="text-align: right;">all of the time <input type="checkbox"/></p>	<p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p>
<p><b>30 Overall, how much do your urinary symptoms interfere with your life?</b></p> <p style="text-align: right;">not at all <input type="checkbox"/></p> <p style="text-align: right;">a little <input type="checkbox"/></p> <p style="text-align: right;">somewhat <input type="checkbox"/></p> <p style="text-align: right;">a lot <input type="checkbox"/></p>	<p>1</p> <p>2</p> <p>3</p> <p>4</p>

**31 How long have you had urinary symptoms that bother you?**

less than one year - give months

between one and two years

between two and three years

more than three years

*Office  
use only*

**32 Do you have any worries about your urinary problems?**

Please list any worries below:

1

2

**33 If you had to spend the rest of your life with your urinary symptoms as they are now, how would you feel?**

perfectly happy

pleased

mostly satisfied

mixed feelings

mostly dissatisfied

very unhappy

desperate

1

2

3

4

5

6

7

**34 Which of your urinary symptoms bother you most at the moment?**

Please list the symptoms that bother you most below. Please describe the symptoms in your own words, or write the number of the question that comes closest to describing them:

1.

2.

3.

1

2

3

**Thank you very much for your help.**

If there are any comments you would like to make about the questionnaire or your urinary symptoms, please use the space below.

*Office  
use only*

1

2

**INTERNATIONAL CONSULTATION ON INCONTINENCE QUESTIONNAIRE – MALE LOWER URINARY TRACT SYMPTOMS**

**(ICIQ-MLUTS) – SHORT FORM - VERSION FRANCAISE – AUTORISATION DE L’AUTEUR EN ATTENTE**

**SOURCE : PERRIN P, NEMOZ C., PAPAREL N, RUFFION A. COMPARAISON DE L’IPSS ET DE L’ICS MALE SF DANS LE BILAN INITIAL DES TROUBLES URINAIRES : COMPARISON OF IPSS AND ICS MALE SF IN THE INITIAL ASSESSMENT OF URINARY DISORDERS PROGRÈS en urologie (2008) 18, 519—526**

**Annexe B. Questionnaire 2 ICS male SF**

ICS male SF		Date					
Nom		Prénom					
Nous désirons nous informer sur vos symptômes urinaires et nous vous remercions de nous aider en remplissant le questionnaire suivant.							
Entourez les réponses qui vous conviennent.							
1	Quand vous urinez, y a-t-il un retard au démarrage du jet d'urine ?	Jamais	Rarement	Quelquefois	1 fois/2	Souvent	Toujours
2	Devez-vous pousser pour uriner ?	Jamais	Rarement	Quelquefois	1 fois/2	Souvent	Toujours
3	Comment est la force du jet d'urine ?	Normale	Rarement réduite	Parfois réduite	Souvent réduite	Toujours réduite	Très faible
4	Est-ce que votre jet s'arrête et reprend plus d'une fois en urinant ?	Jamais	Rarement	Quelquefois	1 fois/2	Souvent	Toujours
5	Combien de fois ressentez-vous que la vessie ne s'est pas correctement vidée après avoir uriné ?	Jamais	Rarement	Quelquefois	1 fois/2	Souvent	Toujours
6	Lorsque l'envie d'uriner survient, faut-il vous précipiter pour arriver aux toilettes ?	Jamais	Rarement	Quelquefois	1 fois/2	Souvent	Toujours
7	Avez-vous des fuites d'urine avant rd'arrivez aux toilettes ?	Jamais	Rarement	Quelquefois	1 fois/2	Souvent	Toujours
8	Est-ce que vous avez des fuites urinaires quand vous toussiez ou quand vous vous mouchez ?	Jamais	Rarement	Quelquefois	1 fois/2	Souvent	Toujours
9	Avez-vous des fuites sans raison évidente et sans avoir senti le besoin d'aller aux toilettes ?	Jamais	Rarement	Quelquefois	1 fois/2	Souvent	Toujours
10	Est-ce que vous avez des fuites d'urine en dormant ?	Jamais	Rarement	Quelquefois	1 fois/2	Souvent	Toujours
11	Mouillez-vous votre slip une fois rabilé, après avoir uriné ?	Jamais	Rarement	Quelquefois	1 fois/2	Souvent	Toujours
12	Combien de fois urinez-vous durant le jour ?	Chaque heure		Chaque 2 heures	Chaque 3 heures	Chaque 4 heures	
13	Durant la nuit, combien de fois vous vous levez pour uriner, en moyenne ?	Jamais	1 fois	2 fois	3 fois	4 fois	plus de 4 fois
14	Au total, est-ce que vos symptômes urinaires sont un problème dans votre vie au quotidien ?	Non	Très léger	Léger	Moyen	Gros Pb	Considérable

Comment citer ce rapport ?

Bulteel L., Gobert M., Piron C., Filion N., Vanderwee K., Verhaeghe S., Caillet O., Van Durme T., Vandermolen M., Defloor T. (2009) Actualisation de la base de données BeST & Ajout de nouvelles échelles dans la base de données BeST. Bruxelles: Service Public Fédéral Santé Publique, Sécurité de la Chaîne alimentaire et Environnement.

Gelieve bij gebruik van dit rapport als volgt te refereren :

Bulteel L., Gobert M., Piron C., Filion N., Vanderwee K., Verhaeghe S., Caillet O., Van Durme T., Vandermolen M., Defloor T. (2009) Actualiseren van de bestaande BeST-databank & Aanvullen van de bestaande BeST-databank met nieuwe schalen. Brussel: Federale Overheidsdienst Volksgezondheid van de voedselketen en leefmilieu.