

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.

1	During the day, how many times do you urinate, on average?	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	
		How much of a problem is this for you?	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

2	During the night, how many times do you have to get up to urinate, on average?	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	
		How much of a problem is this for you?	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

Office use only

<p>3 Do you have to rush to the toilet to urinate?</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>How much of a problem is this for you?</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>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>4 Does urine leak before you can get to the toilet?</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>How much of a problem is this for you?</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>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>5 Do you have pain in your bladder?</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>How much of a problem is this for you?</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>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>6 Does urine leak when you cough or sneeze?</p>	never	<input type="checkbox"/>	<p><i>Office use only</i></p> <p>1</p>
	occasionally	<input type="checkbox"/>	
	sometimes	<input type="checkbox"/>	3
	most of the time	<input type="checkbox"/>	4
	all of the time	<input type="checkbox"/>	5
<p>How much of a problem is this for you?</p>	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>7 Do you ever leak for no obvious reason and without feeling that you want to go?</p>	never	<input type="checkbox"/>	<p><i>Office use only</i></p> <p>1</p>
	occasionally (less than one third of the time)	<input type="checkbox"/>	
	sometimes (between one and two thirds of the time)	<input type="checkbox"/>	3
	most of the time (more than two thirds of the time)	<input type="checkbox"/>	4
	all of the time	<input type="checkbox"/>	5
<p>How much of a problem is this for you?</p>	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>8 Is there a delay before you can start to urinate?</p>	never	<input type="checkbox"/>	<p><i>Office use only</i></p> <p>1</p>
	occasionally	<input type="checkbox"/>	
	sometimes	<input type="checkbox"/>	3
	most of the time	<input type="checkbox"/>	4
	all of the time	<input type="checkbox"/>	5
<p>How much of a problem is this for you?</p>	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>9 Do you have to strain to <u>start</u> urinating?</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>How much of a problem is this for you?</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>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>10 Do you have to strain to <u>continue</u> urinating?</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>How much of a problem is this for you?</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>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>11 Do you usually urinate standing up or sitting down?</p> <p>standing up <input type="checkbox"/></p> <p>sitting down <input type="checkbox"/></p> <p>How much of a problem is this for you?</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>
	<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>15 Do you stop and start more than once while you urinate?</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>How much of a problem is this for you?</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 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>16 Do you have a burning feeling when you urinate ?</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>How much of a problem is this for you?</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 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>17 How often do you feel that your bladder has not emptied properly after you have urinated?</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>How much of a problem is this for you?</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 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>

18 Does your urine stream end with a dribble?

never

occasionally

sometimes

most of the time

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

19 How often have you had a slight wetting of your pants a few minutes after you had finished urinating and had dressed yourself?

never

occasionally

sometimes

most of the time

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

1

2

3

4

5

1

2

3

4

20 Do you leak urine when you are asleep?

never

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)

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

1

2

3

4

5

1

2

3

4

<p>21 If you leak urine during the day, do you have to change your clothes or wear pads?</p> <p style="text-align: right;">no, urine does not leak <input type="checkbox"/></p> <p style="text-align: right;">yes, change underpants <input type="checkbox"/></p> <p style="text-align: right;">yes, change clothes <input type="checkbox"/></p> <p style="text-align: right;">I wear pads <input type="checkbox"/></p> <p>How much of a problem is this for you?</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>22 Do you have to urinate again (within 15 minutes) after you thought you had finished urinating?</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>How much of a problem is this for you?</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>23 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> <p style="text-align: right;">no <input type="checkbox"/></p> <p style="text-align: right;">yes, once <input type="checkbox"/></p> <p style="text-align: right;">yes, twice <input type="checkbox"/></p> <p style="text-align: right;">yes, more than twice <input type="checkbox"/></p>	<p>1</p> <p>2</p> <p>3</p> <p>4</p>

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>27 Do you have pain or discomfort during ejaculation?</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>How much of a problem is this for you?</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>28 How often do you pass urine during the day?</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>How much of a problem is this for you?</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>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?</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>30 Overall, how much do your urinary symptoms interfere with your life?</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 ressenti 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