

International Continenence 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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Meetinstrument	International Continenence Society male
Afkorting	ICSmale / ICSmale SF
Auteur	Donovan, J.L.
Thema	Continentie en incontinentie
Doel	Uigebreide beoordeling van de symptomen van de onderste urinewegen en de klachten die daarmee gepaard gaan.
Populatie	Mannen met LUTS en mogelijks benigne prostaat hyperplasie
Afname	Door de patiënt/ zelfrapportage
Aantal items	SF: 13 / LF:23
Aanwezigheid patiënt vereist	Ja
Vindplaats meetinstrument	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.

DOEL

De ICS male SF (International Continence Society male Short Form) heeft als de doel de symptomen van de onderste urinewegen en de klachten die daarmee gepaard gaan na te gaan. Het gaat ook na of die symptomen een impact hebben op het leven (Donovan, J.L., Peters, T.J., Brookes, ST., De La Rosette, J.J.M.C.H., & Schäfer, W., 2000).

DOELGROEP

De doelgroep bestaat uit mannen met een goedaardige aandoening van de prostaat (Donovan, J.L., Peters, T.J., Brookes, ST., De La Rosette, J.J.M.C.H., & Schäfer, W., 2000).

BESCHRIJVING

De vragenlijst wordt ingevuld door de patiënt zelf (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). De ICSmaleSF bevat 6 vragen over incontinentie en 5 vragen met betrekking tot de blaaslediging waaraan telkens een aparte score gegeven wordt. Er kan telkens gescoord worden van 0 tot en met 4. Tot slot zijn er nog 3 aparte vragen die de frequentie, nocturie en de kwaliteit van leven bevragen. De vragen worden als aparte constructen beschouwd en niet bij de scores opgeteld (Donovan, J.L., Peters, T.J., Brookes, ST., De La Rosette, J.J.M.C.H., & Schäfer, W., 2000). De lange versie, de ICSmale, bestaat uit 23 items en bevroegt LUTS en de impact op het leven (Staskin, D. et al., 2009).

BETROUWBAARHEID

De onderzoekers vonden een hoge *interne consistentie* ($\alpha=0.84$ vs 0.83 en $\alpha=0.91$ vs 0.89 voor symptoom en probleemvragen) en een goede *stabiliteit* (test-retest) voor de lange versie van de ICSmale (Bertaccini, A. et al., 2001; Donovan, J. L. et al., 1996). Indien enkel de items over kwaliteit van leven in rekening gebarcht werden, was er voor 5 items een redelijke *stabiliteit* en een lage *interne consistentie* gevonden: $\alpha=0.59$ (Bertaccini, A. et al., 2001). Voor de ontwikkeling van de korte versie werd naast een factoranalyse, een chronbach's alpha coëfficiënt berekend (ICSmaleVS: $\alpha=0.76$; ICSmale IS: $\alpha=0.78$) om de samenhang van de items vast te stellen (Donovan, J.L., Peters, T.J., Brookes, ST., De La Rosette, J.J.M.C.H., & Schäfer, W., 2000).

VALIDITEIT

De *concurrente validiteit* van de lange versie van de ICSmale werd nagegaan door de items over frequentie en nocturie te correleren met een frequentie - volume dagboek enerzijds. De procentuele overeenkomst was zwak ($r=0.20-0.57$). Anderzijds vergeleken de auteurs de items over verminderde stroom met de resultaten van een uroflowmeting. De relatie hiertussen was klein. De vragen (lange versie) uit de vragenlijst werden samengesteld aan de hand van interviews met mannen, symptomen aangegeven door urologen en symptomen uit andere vragenlijsten wat de *inhoudsvaliditeit* bekrachtigde. De vragenlijst was in staat om te differentiëren tussen mannen uit de gemeenschap en mannen uit de klinische setting (*construct validiteit*) (Donovan, J. L. et al., 1996). Dit was eveneens het geval voor de items over kwaliteit van leven (ICSQol), waarbij ook negatieve correlaties waren met de SF-36/ EuroQol (Donovan, J. L. et al., 1996; Donovan, J. L. et al., 1997).

Een *factor analyse* maakte het clusteren van items van de ICSmaleSF mogelijk met 2 onderscheidende factoren tot gevolg: de ICSmaleVS en de ICSmaleIS (Donovan, J. L. et al., 2000).

GEBRUIKSVRIENDELIJKHEID

Uit interviews met mannen bleken de vragen uit de ICSmale long form gemakkelijk verstaanbaar en in te vullen zonder hulp (Donovan, J. L. et al., 1996).

OPMERKINGEN

Het is mogelijk dat verschillende modules dezelfde vragenlijst aanbevelen. Om patiënten te diagnosticeren met een overactieve blaas, die gelinkt wordt aan de module 'ICIQ-OAB', worden de ICSmale SF en de BFLUTS SF aanbevolen. Voor deze specifieke patiëntengroep moeten 4 items bevroegd worden uit deze vragenlijsten, namelijk: frequentie, nocturie, drang en drang incontinentie. Om na te gaan of de patiënt met nocturie te kampen heeft, worden eveneens de ICSmale SF en de BFLUTS SF aanbevolen. Hierbij dienen slechts 2 items bevroegd te worden: frequentie en nocturie (Staskin, D. et al., 2009).

VARIANTEN

Een alternatief voor de ICSmale is de lange versie (ICIQ-MLUTS LF). Deze vragenlijst wordt als optionele module aanbevolen voor de korte versie (Staskin, D. et al., 2009). De vragenlijst werd naast het Engels vertaald in 10 verschillende talen (Donovan, J. L. et al., 1996).

REFERENTIES

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 ICSOoL 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.

VINDPLAATS MEETINSTRUMENT

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., Abrams, P., Peters, T., Kay, H., Reynard, J., Chapple, C., De La Rosette, J. & 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: ICS/BPH study: men with LUTS (n=1271) CLasP study: men with uncomplicated LUTS (n=340)	Validation study	IC	CrV
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)	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 CsV 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/ fiabilité: Stability (S), Internal Consistency (IC), Equivalence (E)

Validiteit/ validité: 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)

Results reliability	Results validity	Commentary
<p>IC The chronbach's alpha coefficients were high for the two factors: Voiding $\alpha=0.76$ Incontinence=0.78</p>	<p>CrV The ICsmale was compared with the I-PSS. The strongest correlation was found between the I-PSS and the ICS-VS.</p> <p><i>Factor analysis</i> Two factors derived from an 11-item model. One major factor consisted of voiding symptoms (loadings >0.5) and one factor consisted of incontinence symptoms (loadings >0.45).</p>	
<p>S The questionnaire was completed by men two weeks after the first completion.</p> <p>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>IC Symptom questions (n=20) $\alpha=0.84$ Problem questions (n=19) $\alpha=0.91$</p>	<p>CtV The questions (n=20) were derived from interviews with men, symptoms identified by urologists and symptoms of other questionnaires.</p> <p>CsV 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>CrV 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"> - Question 1 frequency (times per day) compared with frequency volume data: 41 % agreement or $\kappa=0.20$ - Question 28 frequency (hours between urination) compared with frequency volume data: 61% agreement, $\kappa= 0.27$ - Question 2 nocturia compared with frequency volume data: 68% agreement, $\kappa=0.57$ <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
IC Symptom questions: $\alpha= 0.83$ Bother questions: $\alpha= 0.89$ ICSQol items: $\alpha= 0.53$		
S Test-retest 40 patients completed the questionnaire 2 weeks after the first completion, for 5 items the test-retest reliability was reasonable. IC The IC of the 5 items was low: $\alpha=0.59$ Inter-item correlations were significant but low and ranged from $r=0.065$ to 0.54	CtV The content validity was also indicated by a good understanding of questions in interviews with men. CsV <ul style="list-style-type: none"> - 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. - There were no relationships between age and any of the ICSQol items (men in the clinic). - Most of the LUTS questions were related to the Qol – questions - Negative correlations were found for the SF-36 and the EuroQol. The strongest correlations wer found with the general ICSQol items. 	

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

Validiteit/ validité: 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)

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.

*Office
use
only*

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

<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>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>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>

6 Does urine leak when you cough or sneeze?

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

7 Do you ever leak for no obvious reason and without feeling that you want to go?

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

8 Is there a delay before you can start to urinate?

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

9 Do you have to strain to start urinating?

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

10 Do you have to strain to continue urinating?

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

11 Do you usually urinate standing up or sitting down?

standing up

sitting down

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

1

2

3

4

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

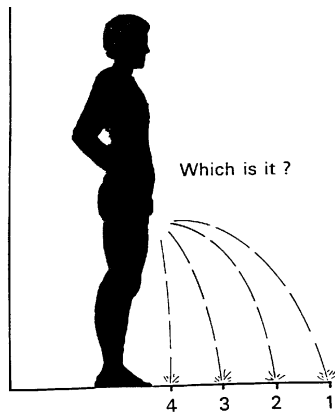
- 1
- 2
- 3
- 4
- 5
- 1
- 2
- 3
- 4

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)



(from Peeling, 1989)

- 1
- 2
- 3
- 4

15 Do you stop and start more than once while you urinate?

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

16 Do you have a burning feeling when you urinate ?

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

17 How often do you feel that your bladder has not emptied properly after you have urinated?

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>18 Does your urine stream end with a dribble?</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>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>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>19 How often have you had a slight wetting of your pants a few minutes after you had finished urinating and had dressed yourself?</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>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>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>20 Do you leak urine when you are asleep?</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>21 If you leak urine during the day, do you have to change your clothes or wear pads?</p> <p>no, urine does not leak <input type="checkbox"/></p> <p>yes, change underpants <input type="checkbox"/></p> <p>yes, change clothes <input type="checkbox"/></p> <p>I wear pads <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>
	1
	2
	3
	4
	1
	2
	3
4	
<p>22 Do you have to urinate again (within 15 minutes) after you thought you had finished 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>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p>
	1
	2
	3
	4
	5
	1
	2
3	
4	
<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>no <input type="checkbox"/></p> <p>yes, once <input type="checkbox"/></p> <p>yes, twice <input type="checkbox"/></p> <p>yes, more than twice <input type="checkbox"/></p>	<p>1</p> <p>2</p> <p>3</p> <p>4</p>
	1
	2
	3
	4

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

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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

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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

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 Volkgezondheid van de voedselketen en leefmilieu

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.