(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 <u>in the last month.</u>**

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.

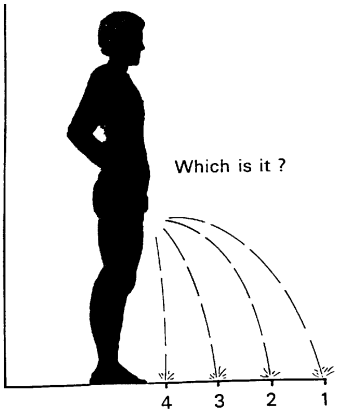
			Office use only
1	**During the day, how many times do you urinate, on average?**		
		1 to 6 times ☐	*1*
		7 to 8 times ☐	*2*
		9 to 10 times ☐	*3*
		11 to 12 times ☐	*4*
		13 or more times ☐	*5*
	How much of a problem is this for you?	not a problem ☐	*1*
		a bit of a problem ☐	*2*
		quite a problem ☐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

			Office use only
3	**Do you have to rush to the toilet to urinate?**		
		never ☐	*1*
		occasionally (less than one third of the time) ☐	*2*
		sometimes (between one and two thirds of the time) ☐	*3*
		most of the time (more than two thirds of the time) ☐	*4*
		all of the time ☐	*5*
	How much of a problem is this for you?	not a problem ☐	*1*
		a bit of a problem ☐	*2*
		quite a problem ☐	*3*
		a serious problem ☐	*4*
4	**Does urine leak before you can get to the toilet?**		
		never ☐	*1*
		occasionally ☐	*2*
		sometimes ☐	*3*
		most of the time ☐	*4*
		all of the time ☐	*5*
	How much of a problem is this for you?	not a problem ☐	*1*
		a bit of a problem ☐	*2*
		quite a problem ☐	*3*
		a serious problem ☐	*4*
5	**Do you have pain in your bladder?**		
		never ☐	*1*
		occasionally ☐	*2*
		sometimes ☐	*3*
		most of the time ☐	*4*
		all of the time ☐	*5*
	How much of a problem is this for you?	not a problem ☐	*1*
		a bit of a problem ☐	*2*
		quite a problem ☐	*3*
		a serious problem ☐	*4*

			Office use only
6	**Does urine leak when you cough or sneeze?**		
		never ☐	*1*
		occasionally ☐	*2*
		sometimes ☐	*3*
		most of the time ☐	*4*
		all of the time ☐	*5*
	How much of a problem is this for you?	not a problem ☐	*1*
		a bit of a problem ☐	*2*
		quite a problem ☐	*3*
		a serious problem ☐	*4*
7	**Do you ever leak for no obvious reason and without feeling that you want to go?**		
		never ☐	*1*
		occasionally (less than one third of the time) ☐	*2*
		sometimes (between one and two thirds of the time) ☐	*3*
		most of the time (more than two thirds of the time) ☐	*4*
		all of the time ☐	*5*
	How much of a problem is this for you?	not a problem ☐	*1*
		a bit of a problem ☐	*2*
		quite a problem ☐	*3*
		a serious problem ☐	*4*
8	**Is there a delay before you can start to urinate?**		
		never ☐	1
		occasionally ☐	*2*
		sometimes ☐	*3*
		most of the time ☐	*4*
		all of the time ☐	*5*
	How much of a problem is this for you?	not a problem ☐	*1*
		a bit of a problem ☐	*2*
		quite a problem ☐	*3*
		a serious problem ☐	*4*

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

			Office use only
12	**Would you say that the strength of your urinary stream is...**		
		normal ☐	*1*
		occasionally reduced ☐	*2*
		sometimes reduced ☐	*3*
		reduced most of the time ☐	*4*
		reduced all of the time ☐	*5*
	How much of a problem is this for you?	not a problem ☐	*1*
		a bit of a problem ☐	*2*
		quite a problem ☐	*3*
		a serious problem ☐	*4*
13	**Do you think you have *always* had a weak stream?**		
		no ☐	*1*
		yes ☐	*2*
14	**Would you say that the strength of your urinary stream is... (please ring one number)**		



(from Peeling, 1989)

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			Office use only
15	**Do you stop and start more than once while you urinate?**		
		never ☐	*1*
		occasionally ☐	*2*
		sometimes ☐	*3*
		most of the time ☐	*4*
		all of the time ☐	*5*
	How much of a problem is this for you?	not a problem ☐	*1*
		a bit of a problem ☐	*2*
		quite a problem ☐	*3*
		a serious problem ☐	*4*
16	**Do you have a burning feeling when you urinate ?**		
		never ☐	*1*
		occasionally ☐	*2*
		sometimes ☐	*3*
		most of the time ☐	*4*
		all of the time ☐	*5*
	How much of a problem is this for you?	not a problem ☐	*1*
		a bit of a problem ☐	*2*
		quite a problem ☐	*3*
		a serious problem ☐	*4*
17	**How often do you feel that your bladder has not emptied properly after you have urinated?**		
		never ☐	1
		occasionally (less than one third of the time) ☐	*2*
		sometimes (between one and two thirds of the time) ☐	*3*
		most of the time (more than two thirds of the time) ☐	*4*
		all of the time ☐	*5*
	How much of a problem is this for you?	not a problem ☐	*1*
		a bit of a problem ☐	*2*
		quite a problem ☐	*3*
		a serious problem ☐	*4*

			Office use only
18	**Does your urine stream end with a dribble?**		
		never ☐	*1*
		occasionally ☐	*2*
		sometimes ☐	*3*
		most of the time ☐	*4*
		all of the time ☐	*5*
	How much of a problem is this for you?	not a problem ☐	*1*
		a bit of a problem ☐	*2*
		quite a problem ☐	*3*
		a serious problem ☐	*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 ☐	*1*
		occasionally ☐	*2*
		sometimes ☐	*3*
		most of the time ☐	*4*
		all of the time ☐	*5*
	How much of a problem is this for you?	not a problem ☐	*1*
		a bit of a problem ☐	*2*
		quite a problem ☐	*3*
		a serious problem ☐	*4*
20	**Do you leak urine when you are asleep?**		
		never ☐	1
		occasionally (less than one third of the time) ☐	*2*
		sometimes (between one and two thirds of the time) ☐	*3*
		most of the time (more than two thirds of the time) ☐	*4*
		all of the time ☐	*5*
	How much of a problem is this for you?	not a problem ☐	*1*
		a bit of a problem ☐	*2*
		quite a problem ☐	*3*
		a serious problem ☐	*4*

			Office use only
21	**If you leak urine during the day, do you have to change your clothes or wear pads?**		
		no, urine does not leak ☐	*1*
		yes, change underpants ☐	*2*
		yes, change clothes ☐	*3*
		I wear pads ☐	*4*
	How much of a problem is this for you?	not a problem ☐	*1*
		a bit of a problem ☐	*2*
		quite a problem ☐	*3*
		a serious problem ☐	*4*
22	**Do you have to urinate again (within 15 minutes) after you thought you had finished urinating?**		
		never ☐	*1*
		occasionally ☐	*2*
		sometimes ☐	*3*
		most of the time ☐	*4*
		all of the time ☐	*5*
	How much of a problem is this for you?	not a problem ☐	*1*
		a bit of a problem ☐	*2*
		quite a problem ☐	*3*
		a serious problem ☐	*4*
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?**		
		no ☐	1
		yes, once ☐	*2*
		yes, twice ☐	*3*
		yes, more than twice ☐	*4*

			Office use only
24	**To what extent do you feel that your sex life has been spoilt by your urinary symptoms?**		
		not at all ☐	*1*
		a little ☐	*2*
		somewhat ☐	*3*
		a lot ☐	*4*
	How much of a problem is this for you?	not a problem ☐	*1*
		a bit of a problem ☐	*2*
		quite a problem ☐	*3*
		a serious problem ☐	*4*
	If you have no sex life, how long ago did this stop?		
		years ☐	☐☐
		months ☐	
25	**Do you get erections?**		
		yes, with normal rigidity ☐	*1*
		yes, with reduced rigidity ☐	*2*
		yes, with severely reduced rigidity ☐	*3*
		no, erection not possible ☐	*4*
	How much of a problem is this for you?	not a problem ☐	*1*
		a bit of a problem ☐	*2*
		quite a problem ☐	*3*
		a serious problem ☐	*4*
26	**Do you have an ejaculation of semen?**		
		yes, normal quantity ☐	1
		yes, reduced quantity ☐	*2*
		yes, significantly reduced quantity ☐	*3*
		no ejaculation ☐	*4*
	How much of a problem is this for you?	not a problem ☐	*1*
		a bit of a problem ☐	*2*
		quite a problem ☐	*3*
		a serious problem ☐	*4*

			Office use only
27	**Do you have pain or discomfort during ejaculation?**		
		no ☐	*1*
		yes, slight pain/discomfort ☐	*2*
		yes, moderate pain/discomfort ☐	*3*
		yes, severe pain/discomfort ☐	*4*
	How much of a problem is this for you?	not a problem ☐	*1*
		a bit of a problem ☐	*2*
		quite a problem ☐	*3*
		a serious problem ☐	*4*
28	**How often do you pass urine during the day?**		
		hourly ☐	*1*
		every 2 hours ☐	*2*
		every 3 hours ☐	*3*
		every 4 hours or more ☐	*4*
	How much of a problem is this for you?	not a problem ☐	*1*
		a bit of a problem ☐	*2*
		quite a problem ☐	*3*
		a serious problem ☐	*4*
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?**		
		never ☐	*1*
		occasionally ☐	*2*
		sometimes ☐	*3*
		most of the time ☐	*4*
		all of the time ☐	*5*
30	**Overall, how much do your urinary symptoms interfere with your life?**		
		not at all ☐	*1*
		a little ☐	*2*
		somewhat ☐	3
		a lot ☐	*4*

		Office use only
31	**How long have you had urinary symptoms <u>that bother you</u>?**	
	less than one year - give months ☐☐	
	between one and two years ☐	
	between two and three years ☐	
	more than three years ☐	☐☐
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 ☐	1
	pleased ☐	*2*
	mostly satisfied ☐	*3*
	mixed feelings ☐	*4*
	mostly dissatisfied ☐	5
	very unhappy ☐	*6*
	desperate ☐	*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.	*1*
	3.	*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

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