

LURN COGNITIVE INTERVIEW QUESTIONNAIRE

ID:

Date (mm/dd/yyyy):

Name of interviewer:

Instructions: This questionnaire asks you about different urinary symptoms. Please read each question carefully. After you read the question, circle your response. Each response option is printed in **bold**. After you respond to each question, your interviewer will ask you some follow-up questions.

Urinary Frequency

1. In the past 30 days...

During waking hours, how many times did you typically urinate?

Circle one response below

3 or fewer times a day

4-7 times a day

8-10 times a day

11 or more times a day

2. In the past 30 days...

During waking hours, how much time typically passed between urinations?

Circle one response below

More than 6 hours

3-6 hours

1-2 hours

Less than 1 hour

3. In the past 30 days...

During waking hours, how often did you urinate twice or more within a few minutes?

Circle one response below

Never

Rarely

Sometimes

Often

Always

Nighttime Symptoms

4. In the past 30 days...

During a typical night, how many times did you wake up to urinate?

Circle one response below

None

1 time

2-3 times

More than 3 times

5. In the past 30 days...

How often did you wake up during the night because of a need to urinate?

Circle one response below

Never

Rarely

Sometimes

Often

Always

6. In the past 30 days...

When you woke up to urinate, how often did you leak urine on your way to the bathroom?

Circle one response below

Never

Rarely

Sometimes

Often

Always

7. In the past 30 days...

How strong was your typical urge to urinate when you woke up during the night?

Circle one response below

No urge

Mild urge

Moderate urge

Strong urge

8. In the past 30 days...

How often did you leak urine or wet a pad during the night?

Circle one response below

Never

Rarely

Sometimes

Often

Always

Urinary Sensations

9.1 In the past 30 days...

How much pain or discomfort did you have in your lower abdomen, outside your bladder?

Circle one response below

No pain

Mild

Moderate

Severe

Very severe

10.1 In the past 30 days...

How often did you have pain or discomfort in your lower abdomen, outside your bladder?

Circle one response below

Never

Rarely

Sometimes

Often

Always

11.3. In the past 30 days...

What was the greatest amount of pressure you had in your lower abdomen, outside your bladder?

Circle one response below

No pressure

Mild

Moderate

Severe

Very severe

12.1 In the past 30 days...

How often did you have pressure in your lower abdomen, outside your bladder?

Circle one response below

Never

Rarely

Sometimes

Often

Always

13 In the past 30 days...

How much sensation did you feel in your bladder while it was filling?

Circle one response below

No sensation

Mild sensation

Moderately strong sensation

Very Strong sensation

14. In the past 30 days...

How much pain or discomfort did you have in your bladder while it was filling?

Circle one response below

No pain

Mild

Moderate

Severe

Very severe

15. In the past 30 days...

How often did you have pain or discomfort in your bladder while it was filling?

Circle one response below

Never

Rarely

Sometimes

Often

Always

16.2 MEN ONLY

Where did you feel sensations when your bladder was full?

Circle “Yes” or “No” for each option below

Lower abdomen:	Yes/No
Bladder Area:	Yes/No
Tip of the penis:	Yes/No
Shaft of the penis:	Yes/No
Scrotum/testicles:	Yes/No
Urethra:	Yes/No
Lower Back:	Yes/No
Other:	Yes/No

17.2 WOMEN ONLY:

In the past 30 days...

Where did you feel sensations when your bladder was full?

Circle “Yes” or “No” for each option below

Lower Abdomen:	Yes/No
Bladder Area:	Yes/No
Area of labia/vagina:	Yes/No
Urethra:	Yes/No
Lower Back:	Yes/No
Other:	Yes/No

18. In the past 30 days...

How much pain or discomfort did you have in your bladder when it was full?

Circle one response below

No pain Mild Moderate Severe Very severe

19. In the past 30 days...

How often did you have pain or discomfort in your bladder when it was full?

Circle one response below

Never **Rarely** **Sometimes** **Often** **Always**

20. In the past 30 days...

How much pressure did you have in your bladder when it was full?

Circle one response below

No pressure **Mild** **Moderate** **Severe** **Very severe**

21. In the past 30 days...

How often did you have pressure in your bladder when it was full?

Circle one response below

Never **Rarely** **Sometimes** **Often** **Always**

22. In the past 30 days...

How much pain or discomfort did you have while urinating?

Circle one response below

No pain **Mild** **Moderate** **Severe** **Very severe**

23. In the past 30 days...

How often did you have pain or discomfort while urinating?

Circle one response below

Never **Rarely** **Sometimes** **Often** **Always**

24. In the past 30 days...

How much pain or discomfort did you have after you had finished urinating?

Circle one response below

No pain Mild Moderate Severe Very severe

25. In the past 30 days...

How often did you have pain or discomfort just after you had finished urinating?

Circle one response below

Never Rarely Sometimes Often Always

Urinary Urgency

26. In the past 30 days...

How often did your need to urinate develop gradually?

Circle one response below

Never Rarely Sometimes Often Always

27. In the past 30 days...

How often did your need to urinate develop suddenly, without any warning?

Circle one response below

Never Rarely Sometimes Often Always

28. In the past 30 days...

How often did you have a constant need to urinate that did not go away?

Circle one response below

Never Rarely Sometimes Often Always

29. In the past 30 days...

How often did you feel a sudden need to urinate?

Circle one response below

Never

Rarely

Sometimes

Often

Always

30. In the past 30 days...

Once you noticed the need to urinate, how difficult was it to wait more than a few minutes?

Circle one response below

Not difficult

A little difficult

Somewhat difficult

Very difficult

Unable to wait

31. In the past 30 days...

How often did you have a sudden need to rush to urinate for fear of leaking urine?

Circle one response below

Never

Rarely

Sometimes

Often

Always

Effort with Urination

32. In the past 30 days...

How often did you have trouble starting urine flow first thing in the morning?

Circle one response below

Never

Rarely

Sometimes

Often

Always

33. In the past 30 days...

How often did you have a delay before you started to urinate?

Circle one response below

Never

Rarely

Sometimes

Often

Always

34. In the past 30 days...

When trying to urinate, how much of a delay was there before the urine came out?

Circle one response below

None

A few seconds

Around a minute

More than a minute

35. In the past 30 days...

How hard did you have to push to begin urinating?

Circle one response below

Not at all

A little bit

Somewhat

Quite a bit

Very

36. In the past 30 days...

How often did you push extra hard while you were urinating?

Circle one response below

Never

Rarely

Sometimes

Often

Always

37. In the past 30 days...

How hard did you have to push during urination?

Circle one response below

Not at all

A little bit

Somewhat

Quite a bit

Very

38. In the past 30 days...

How much did you have to concentrate to empty your bladder?

Circle one response below

Not at all

A little bit

Somewhat

Quite a bit

Very

39. In the past 30 days...

How often did you have to relax to empty your bladder?

Circle one response below

Never

Rarely

Sometimes

Often

Always

Urine Flow

40. In the past 30 days...

How often did you have splitting or spraying of your urine stream?

Circle one response below

Never

Rarely

Sometimes

Often

Always

41. In the past 30 days...

Once you started urinating, how often did your urine flow stop and start again?

Circle one response below

Never

Rarely

Sometimes

Often

Always

42. In the past 30 days...

How often was your urine flow slow or weak?

Circle one response below

Never

Rarely

Sometimes

Often

Always

43. In the past 30 days...

How often did you have a dribble at the end of your urine flow?

Circle one response below

Never

Rarely

Sometimes

Often

Always

44. In the past 30 days...

How often did you have no sensation of urine flow while you were urinating?

Circle one response below

Never

Rarely

Sometimes

Often

Always

45. Have you ever tried to stop urinating mid-stream?

Circle one response below

Yes No

If yes, how difficult was it to stop urination mid-stream?

Circle one response below

Not difficult

A little difficulty

Somewhat difficult

Very Difficult

Unable to do

46. Have you ever been asked to give a mid-stream urine sample?

Circle Yes or No below

Yes No

If yes, how difficult was it to stop urination mid-stream?

Circle one response below

Not difficult

A little difficulty

Somewhat difficult

Very Difficult

Unable to do

Incontinence

47.0 In the past 30 days...

Have you ever leaked urine or wet a pad?

Yes No

47. In the past 30 days...

How often did you accidentally empty your bladder somewhere other than the toilet?

Circle one response below

Never

Rarely

Sometimes

Often

Always

48. In the past 30 days...

How often did you have an accident where you completely emptied your bladder?

Circle one response below

Never

Rarely

Sometimes

Often

Always

49. In the past 30 days...

How often did you leak urine or wet a pad after feeling a sudden need to urinate?

Circle one response below

Never **Rarely** **Sometimes** **Often** **Always**

50. In the past 30 days...

How often did you leak urine or wet a pad while laughing, sneezing, or coughing?

Circle one response below

Never **Rarely** **Sometimes** **Often** **Always**

51. In the past 30 days...

How often did you leak urine or wet a pad when doing physical activities, such as exercising or lifting a heavy object?

Circle one response below

Never **Rarely** **Sometimes** **Often** **Always**

52. In the past 30 days...

How often did standing up after sitting cause you to leak urine or wet a pad?

Circle one response below

Never **Rarely** **Sometimes** **Often** **Always**

53. In the past 30 days...

How often did walking at your usual speed cause you to leak urine or wet a pad?

Circle one response below

Never **Rarely** **Sometimes** **Often** **Always**

54. In the past 30 days...

How often did you leak urine without feeling a sudden need to urinate or without doing any physical activity?

Circle one response below

Never

Rarely

Sometimes

Often

Always

55. In the past 30 days...

How often did you leak urine or wet a pad without any warning?

Circle one response below

Never

Rarely

Sometimes

Often

Always

56. In the past 30 days...

How often did walking down stairs or stepping off a curb cause you to leak urine or wet a pad?

Circle one response below

Never

Rarely

Sometimes

Often

Always

57. In the past 30 days...

How often did you leak urine without feeling it?

Circle one response below

Never

Rarely

Sometimes

Often

Always

Symptoms after Urination

58. In the past 30 days...

How often did you feel a need to urinate after you had just urinated?

Circle one response below

Never **Rarely** **Sometimes** **Often** **Always**

59. In the past 30 days...

How often did you feel that your bladder was not completely empty after urinating?

Circle one response below

Never **Rarely** **Sometimes** **Often** **Always**

60. In the past 30 days...

How often did you dribble urine just after you finished urinating?

Circle one response below

Never **Rarely** **Sometimes** **Often** **Always**

61. In the past 30 days...

How often did you dribble urine just after zipping your pants or pulling up your underwear?

Circle one response below

Never **Rarely** **Sometimes** **Often** **Always**

Screening Questions

62. In the past 30 days...

How often was your bladder functioning normally?

Circle one response below

Never **Rarely** **Sometimes** **Often** **Always**

63. In the past 30 days...

How satisfied were you with your bladder function?

Circle one response below

Not at all satisfied

Somewhat satisfied

Very satisfied

Extremely satisfied

64. In the past 30 days...

How bothered were you by urinary symptoms?

Circle one response below

Not at all bothered

Somewhat bothered

Very bothered

Extremely bothered

65. In the past 30 days, how often did you have urinary or bladder symptoms, such as going to the bathroom more than usual, urgent need to go to the bathroom, leaking urine, waking up often at night to go to the bathroom, or trouble going to the bathroom?

Circle one response below

Never

Rarely

Sometimes

Often

Always

66. In the past 30 days...

How often were you concerned that your urinary or bladder function may not be normal or healthy?

Circle one response below

Never

Rarely

Sometimes

Often

Always

67. In the past 30 days...

How often did you have urinary or bladder problems of any kind?

Circle one response below

Never

Rarely

Sometimes

Often

Always

68. In the past 30 days...

How would you rate your bladder or urinary function?

Circle one response below

Very poor

Poor

Good

Very good