LURN SYMPTOM INDEX-29 (LURN SI-29)

 $\frac{Instruction:}{Instruction:} This questionnaire asks you about different urinary symptoms. Please read each question carefully, and then check the box that best describes your symptoms. Section A$

	Never	A few times	Abo _{ut half} the time	Most of the time	Every time
1. In the past 7 days, how often did you completely lose control of your bladder?	0		2	3	
2. In the past 7 days, how often did you leak urine or wet a pad after feeling a sudden need to urinate?	0		2	3	
3 . In the past 7 days, how often did you leak urine or wet a pad while laughing, sneezing, or coughing?			2	3	
4. In the past 7 days, how often did you leak urine or wet a pad when doing physical activities, such as exercising or lifting a heavy object?	0	1	2	3	
5. In the past 7 days, how often did walking at your usual speed cause you to leak urine or wet a pad?			2	3	
6. In the past 7 days, how often did you leak urine during		<i>A few</i> nights	About half	Most of the night	$\begin{bmatrix} E_{Verr} \\ nigh_t \end{bmatrix}$
the night, including wetting a pad or the bed?	0	1	2	3	4
Section B					
	Never.	A few times	Abo _{ut} half the time	Most of the time	Every time
7. In the past 7 days, how often did you have pain or discomfort in your bladder while it was filling?	0	1	2	3	
8. In the past 7 days, how often did you have pain or discomfort in your bladder when it was full?			2	3	
9. In the past 7 days, how often did you have pain or discomfort while urinating?		1	2	3	4
10. In the past 7 days, how often did you have pain or discomfort right after you had finished urinating?					

Copyright © 2019

Version 7/22/19

Cella D, Smith AR, Griffith JW, et al. A new outcome measure for LUTS: Symptoms of Lower Urinary Tract Dysfunction Research Network Symptom Index-29 (LURN SI-29) questionnaire. *Neurourology and Urodynamics*. 2019;1-9. https://doi.org/10.1002/nau.24067

Section C

	Never	A few times	Abo _{ut half} the time	Most of the time	Every time
11. In the past 7 days, how often did you have to push when urinating?	0		2	3	4
12 . In the past 7 days, how often did you have a delay before you started to urinate?			2	3	4
13. In the past 7 days, once you started urinating, how often did your urine flow stop and start again?	0		2		
14. In the past 7 days, how often was your urine flow slow or weak?			2		
15. In the past 7 days, how often did you have a trickle or dribble at the end of your urine flow?	0		2	3	4
Section D					
	Never	A few times	Abo _{ut half} the _{time}	Most of the time	Évery tíme
16. In the past 7 days, how often did you feel a sudden need to urinate?	0		2	3	4
17 In the next 7 days, have often did you have a sudden					I

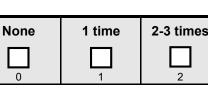
17. In the past 7 days, how often did you have a sudden need to rush to urinate for fear of leaking urine?

	Not	A little	Somewha _t	Very	Unable
	difficult	difficult	difficult	difficult	to wait
18. In the past 7 days, once you noticed the need to urinate, how difficult was it to wait more than a few minutes?	0		2	3	

0

Section E

19. In the past 7 days, during a typical night, how many
times did you wake up and urinate?

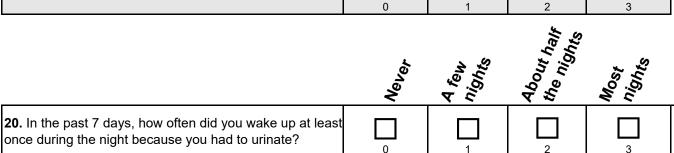


1

2

More than 3 2-3 times times 3

3



Copyright © 2019

Version 7/22/2019

Δ

EVen hight

Cella D, Smith AR, Griffith JW, et al. A new outcome measure for LUTS: Symptoms of Lower Urinary Tract Dysfunction Research Network Symptom Index-29 (LURN SI-29) questionnaire. Neurourology and Urodynamics. 2019;1-9. https://doi.org/10.1002/nau.24067

Section F

21. In the past 7 days, during waking hours, how many times did you typically urinate?	3 or fewer times a day	4-7 times a day	8-10 times a day	11 or more times a day		
22. In the past 7 days, during a typical day, how much time typically passed between urinations?	More than 6 hours	5-6 hours	3-4 hours	Less than 1 hour		
23. In the past 7 days, how would you describe your typical urge to urinate when you woke up during the night?	No urge	Mild urge	Moderate urge	Strong urge		
24. In the past 7 days, did you have a constant need to urinate that did not go away?	Yes		Yes No 1 0			

 25. In the past 7 days, how often did you feel that your bladder was not completely empty after urination? 26. In the past 7 days, how often did you dribble urine just after zipping your pants or pulling up your underwear? 	∘ □ 0		² ☐ ² ^{4bout half}	$ \begin{tabular}{ c c c c } \hline & & & & & & & & & & & & & & & & & & $	
FOR WOMEN ONLY: 27a. In the past 7 days, how often did you have spraying or change in direction of your urine stream?					
FOR MEN ONLY: 27b. In the past 7 days, how often did you have splitting or spraying of your urine stream?			2		
28. In the past 7 days, how bothered were you by urinary	Not at all	Somwhat	Very	Extremely	

28. In the past 7 days, how bothered were you by urinary symptoms?	Not at all	Somwhat	Very	Extremely
	bothered	bothered	bothered	bothered
	0	1	2	3