LURN SYMPTOM INDEX-29 (LURN SI-29)

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	About 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	☐ 1	☐ 2	☐ 3	☐ 4
2. In the past 7 days, how often did you leak urine or wet a pad after feeling a sudden need to urinate?	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
3. In the past 7 days, how often did you leak urine or wet a pad while laughing, sneezing, or coughing?	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
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	☐ 4
5. In the past 7 days, how often did walking at your usual speed cause you to leak urine or wet a pad?	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4

	Never	A few nights	About half the nights	Most of the nights	Every night
6. In the past 7 days, how often did you leak urine during the night, including wetting a pad or the bed?	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4

Section B

	Never	A few times	About 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	☐ 4
8. In the past 7 days, how often did you have pain or discomfort in your bladder when it was full?	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
9. In the past 7 days, how often did you have pain or discomfort while urinating?	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
10. In the past 7 days, how often did you have pain or discomfort right after you had finished urinating?	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4

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Section C

	Never	A few times	About 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	☐ 1	☐ 2	☐ 3	☐ 4
12. In the past 7 days, how often did you have a delay before you started to urinate?	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
13. In the past 7 days, once you started urinating, how often did your urine flow stop and start again?	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
14. In the past 7 days, how often was your urine flow slow or weak?	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
15. In the past 7 days, how often did you have a trickle or dribble at the end of your urine flow?	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4

Section D

	Never	A few times	About half the time	Most of the time	Every time
16. In the past 7 days, how often did you feel a sudden need to urinate?	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
17. In the past 7 days, how often did you have a sudden need to rush to urinate for fear of leaking urine?	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4

	Not difficult	A little difficult	Somewhat difficult	Very difficult	Unable 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	☐ 1	☐ 2	☐ 3	☐ 4

Section E

	None	1 time	2-3 times	More than 3 times
19. In the past 7 days, during a typical night, how many times did you wake up and urinate?	☐ 0	☐ 1	☐ 2	☐ 3

	Never	A few nights	About half the nights	Most nights	Every night
20. In the past 7 days, how often did you wake up at least once during the night because you had to urinate?	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4

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Section F

21. In the past 7 days, during waking hours, how many times did you typically urinate?	**3 or fewer times a day** ☐ 0	**4-7 times a day** ☐ 1	**8-10 times a day** ☐ 2	**11 or more times a day** ☐ 3
22. In the past 7 days, during a typical day, how much time typically passed between urinations?	**More than 6 hours** ☐ 0	**5-6 hours** ☐ 1	**3-4 hours** ☐ 2	**Less than 1 hour** ☐ 3
23. In the past 7 days, how would you describe your typical urge to urinate when you woke up during the night?	**No urge** ☐ 0	**Mild urge** ☐ 1	**Moderate urge** ☐ 2	**Strong urge** ☐ 3
24. In the past 7 days, did you have a constant need to urinate that did not go away?	**Yes** ☐ 1		**No** ☐ 0	

	Never	***A few times***	***About half the time***	***Most of the time***	***Every time***
25. In the past 7 days, how often did you feel that your bladder was not completely empty after urination?	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
26. In the past 7 days, how often did you dribble urine just after zipping your pants or pulling up your underwear?	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
FOR WOMEN ONLY: **27a.** In the past 7 days, how often did you have spraying or change in direction of your urine stream?	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
FOR MEN ONLY: **27b**. In the past 7 days, how often did you have splitting or spraying of your urine stream?	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4

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

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