



The BTL Health Questionnaire

	VERY POOR	POOR	FAIR	GOOD	VERY GOOD
How would you describe your health at the present?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How much do you think your bladder problem affects your life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Below are some daily activities that can be affected by bladder problems. How much does your bladder problem affect you? We would like you to answer every question. Simply tick the box that applies to you.

ROLE LIMITATIONS

	A LOT	MODERATELY	SLIGHTLY	NOT AT ALL
Does your bladder problem affect your household tasks? (cleaning, shopping etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Does your bladder problem affect your job, or your normal daily activities outside the home?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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PHYSICAL/SOCIAL LIMITATION

	A LOT	MODERATELY	SLIGHTLY	NOT AT ALL
Does your bladder problem affect your physical activities (e.g. going for a walk, running, sport, gym etc)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Does your bladder problem affect your ability to travel?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Does your bladder problem affect your social life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Does your bladder problem limit your ability to see and visit friends?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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PERSONAL RELATIONSHIPS

	N/A	A LOT	MODERATELY	SLIGHTLY	NOT AT ALL
Does your bladder problem affect your relationship with your partner?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Does your bladder problem affect your sex life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Does your bladder problem affect your family life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Do you struggle to maintain an erection (if applicable)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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SLEEP / ENERGY

	ALL THE TIME	OFTEN	SOMETIMES	NEVER
Does your bladder problem affect your sleep?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does your bladder problem make you feel worn out and tired?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How many times do you wake up to use the bathroom at night?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

DO YOU DO ANY OF THE FOLLOWING?

	ALL THE TIME	OFTEN	SOMETIMES	NEVER
Wear pads to keep dry?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How many pads do you wear a day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Be careful how much fluid you drink?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Change your underclothes because they get wet?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Worry in case you smell?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

We would like to know what your bladder problems are and how much they affect you ? From the list below choose only those problems that you have at present. Leave out those that don't apply to you.

HOW MUCH DO THEY AFFECT YOU?

	A LOT	MODERATELY	A LITTLE
NOCTURIA: getting up at night to pass urine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
URGE INCONTINENCE: urinary leakage associated with a strong desire to pass urine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
STRESS INCONTINENCE: urinary leakage with physical activity eg. coughing, running	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
INTERCOURSE INCONTINENCE: urinary leakage with sexual intercourse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
FREQUENCY: going to the toilet very often	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NOCTURNAL ENURESIS: wetting the bed at night	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
WATER INFECTIONS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

YOUR NAME:

DATE:

SIGNATURE:

Thank you for your time.