

The Effectiveness of the Video Conferencing Telerehabilitation Method, Delivered in One on One and Group Sessions, in Urinary Incontinence Cases.

Study Protocol and Statistical Analysis Plan (SAP) (Pages 1 – 21)

November 15,2021

**The Effectiveness of the Video Conferencing
Telerehabilitation Method, Delivered in One on One and Group Sessions, in Urinary
Incontinence Cases.**

Study Protocol (Pages 2-6)

November 15,2021

Study Protocol

Study titled “The Effectiveness of the Video Conferencing Telerehabilitation Method, Delivered in One on One and Group Sessions, in Urinary Incontinence Cases.” was approved by Marmara University Faculty of Medicine Ethical Committee at the meeting on 30.11.2020 with approval number: 1195 (Annex-1).

The legal representatives of the patients who participated in the study will be informed about the aim, duration and the programs to be applied throughout the study. Volunteer Information Form will be signed and approved in accordance with the standards deemed appropriate by the Ethical Committee of Marmara University Faculty of Medicine. The study will be conducted in accordance with the Declaration of Helsinki.

Hypothesis of the Study

H0: With one on one video conference method, exercise training is no superiority of exercise training with group video conferencing method in urinary incontinence.

H1: Exercise training with one on one video conference method is more effective in increasing muscle strength in patients with urinary incontinence.

H2: One on one videoconferencing and exercise training are more effective in reducing the degree of incontinence in patients with urinary incontinence.

H3: Exercise training with one on one videoconferencing method is more effective in increasing the quality of life in patients with urinary incontinence.

H4: Exercise training with one on one videoconferencing method is more effective in increasing patient satisfaction in patients with urinary incontinence.

H5: Exercise training with one on one video conference method is more effective in increasing sexual function in patients with urinary incontinence.

H6: Exercise training with one on one videoconferencing method is more effective in increasing exercise adherence in patients with urinary incontinence.

Randomization of the Study Groups

Individuals with Urinary İncontinence applying to Göztepe Prof. Dr. Süleyman Yalçın Şehir Hastanesi will be invited to participate in the study. Individuals who volunteered to participate and whom met the criteria for participation will be randomized with simple random sampling method and will be

divided into two groups. In both groups participants will receive same exercise program and physiotherapist will follow up the exercise program every week by video conference method. While only the physiotherapist and the patient will take part in the one-on-one group, there will be a physiotherapist and 8 patients in the group sessions.

Inclusion Criteria

18-65 aged

BMI 18-30 kg/m²

Being diagnosed with stress incontinence or mixed incontinence (dominantly SUI)

Mild or moderate incontinence (mild SUI; urinary incontinence with coughing, sneezing, laughing, or any strenuous activity. Moderate; urinary incontinence with carrying, pushing, lifting, walking, and any light physical activity)

Exclusion Criteria

Pregnancy

Ongoing vulvovaginitis or urinary tract infection or malignancy

Pelvic floor muscle strength is between 0-1 according to the Modified Oxford Scale,

Previous surgery for SUI

Problems with vision or inability to understand given commands

Conservative therapy in the last 6 months

Allergic reaction to the gel used with the perinometer/probe

Evaluations

Evaluation parameters will be applied at the baseline, at the end of 4-weeks treatment program, at the end of 8 weeks treatment program. Outcome measures and applied evaluations are shown in Table 1.

Table 1. Outcome measures and evaluation methods

Primary Outcome Measures	Evaluation Methods
Muscle Strength	-PERFECT Scheme -Surface Electromyography

Secondary Outcome Measures	Evaluation Methods
Symptom Evaluation	-1 hour pad test -The International Consultation on Incontinence Questionnaire-Short Form - Urogenital Distress Inventory- 6 (UDI-6) - Incontinence Impact Questionnaire-7 (IIQ-7) - Overactive Bladder -Validated 8- Question Awareness Tool (OAB-V8)
Patient Satisfaction	Visual Analog Scale (VAS)
Exercise Adherence	VAS Broome Pelvic Floor Muscle Exercise Self- Efficacy Scale
Sexual Function	Female Sexual Function Scale (FSFI)

Treatment Program

The exercises which given the both groups compose same exercise protocols for 8 week. The exercise protocol includes pelvic floor muscle training, diaphragmatic breathing exercise and core exercise will be given the all participants. The participants in the study will be followed up with video conferencing method by weekly.

Group I (one on one video conferencing group): In this group, exercise follow-up and transition to the next exercise phase will be realized with one-on-one video conference interviews.

Group II (group sessions video conferencing group): In this group, exercise follow-up and transition to the next exercise stage will be realized with group video conference sessions consisting of 8 participants.

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Statistical Analysis Plan (SAP) (Pages 7 –8)

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Statistical Analysis Plan (SAP)


In the analysis of the data to be obtained in the study, the significance will be evaluated at the $p < 0.05$ level with the SPSS 22.0 statistical program at the 90% confidence interval. In the evaluation of variables; If the number of cases is sufficient, its conformity to the normal distribution will be questioned with the Kolmogorov Smirnov test and normal distribution graphs. In the examination of the variables, appropriate statistical tests will be applied depending on the provision of parametric or non-parametric test conditions. Normally distributed variables will be expressed as mean and standard deviation, and non-normally distributed variables will be expressed as numbers and percentages. If the groups fit the normal distribution, the evaluation results at the beginning, 4th week and 8th week will be compared with ANOVA, if the normal distribution is not met, comparisons will be made with Kruskal Wallis and appropriate post-hoc tests. In the correlation analysis, the appropriate Spearman or Pearson correlation analysis methods will be preferred. Chi-square test will be used in the evaluation of binary data.

The Effectiveness of the Video Conferencing Telerehabilitation Method, Delivered in One on One and Group Sessions, in Urinary Incontinence Cases.

Annex (Pages 9 – 21)

November 15,2021

Annex 1. Marmara University Faculty of Medicine Ethical Committee Approval (Approval made at the meeting on 30.11.2020 with number: 1195)



**Marmara Üniversitesi Tıp Fakültesi
Klinik Araştırmalar Etik Kurulu**

	PROTOKOL KODU	09.2021.1195			
	PROJE ADI	ÜRİNER İNKONTİNANSLI OLGULARDA BİRE BİR VE GRUP ŞEKLİNDE VERİLEN VIDEO KONFERANS TELEREHABİLİTASYON YÖNTEMİNİN ETKİNLİĞİ			
	SORUMLU ARAŞTIRICI ÜNVANI/ADI	Doç. Dr. Aysel YILDIZ ÖZER			

KARAR BİLGİLERİ	Tarih :30.11.2020
<p><small>Yukarıda başvuru bilgileri verilen araştırma başvuru dosyası ve ilgili belgeler araştırmanın gerekece, amaç, yaklaşım ve yöntemleri dikkate alınarak incelenmiş ve gerçekleştirilmesinde sakınca bulunmadığı için Kurulumuzca onaylanmasına oy birliği ile karar verilmiştir. Onay sonrasında yapılacak her türlü proje değişiklikleri (katılımcılar, başlık vb.) veya protokol değişikliklerinin Etik Kurula bildirilerek proje onayının yenilenmesi gerekmektedir.</small></p>	

ÜYELER					
Ünvanı / Adı / Soyadı	Uzmanlık Dalı	Kurumu / EK Üyeliği	Onaylanan Proje ile İlişkisi		Toplantıya katılım
Prof.Dr. Haner DİRESKENELİ	Romatoloji	M.Ü Tıp Fakültesi/ Başkan	<input type="checkbox"/> Var	<input type="checkbox"/> Yok	<input type="checkbox"/> Evet <input type="checkbox"/> Hayır
Prof.Dr. Tülin ERGÜN	Dermatoloji	M.Ü Tıp Fakültesi/Başkan Yrd.	<input type="checkbox"/> Var	<input type="checkbox"/> Yok	<input type="checkbox"/> Evet <input type="checkbox"/> Hayır
Prof.Dr. Atila KARAALP	Farmakoloji	M.Ü Tıp Fakültesi/Üye	<input type="checkbox"/> Var	<input type="checkbox"/> Yok	<input type="checkbox"/> Evet <input type="checkbox"/> Hayır
Prof. Dr. Şelâh GÖRKEY	Tıp Tarihi ve Etik	M.Ü Tıp Fakültesi/Üye	<input type="checkbox"/> Var	<input type="checkbox"/> Yok	<input type="checkbox"/> Evet <input type="checkbox"/> Hayır
Prof.Dr. Handan KAYA	Patoloji	M.Ü Tıp Fakültesi/Üye	<input type="checkbox"/> Var	<input type="checkbox"/> Yok	<input type="checkbox"/> Evet <input type="checkbox"/> Hayır
Prof.Dr. M.Bahadır GÜLLÜOĞLU	Genel Cerrahi	M.Ü Tıp Fakültesi/Üye	<input type="checkbox"/> Var	<input type="checkbox"/> Yok	<input type="checkbox"/> Evet <input type="checkbox"/> Hayır
Prof.Dr. Semra SARDAŞ	Eczacı	M.Ü Eczacılık Fak./Üye	<input type="checkbox"/> Var	<input type="checkbox"/> Yok	<input type="checkbox"/> Evet <input type="checkbox"/> Hayır
Prof.Dr. Başak DOĞAN	Diş Hekimi	M.Ü Diş Hekimliği Fak./Üye	<input type="checkbox"/> Var	<input type="checkbox"/> Yok	<input type="checkbox"/> Evet <input type="checkbox"/> Hayır
Prof. Dr. Beste Melek ATASOY	Radyasyon Onkolojisi	M.Ü Tıp Fakültesi/Üye	<input type="checkbox"/> Var	<input type="checkbox"/> Yok	<input type="checkbox"/> Evet <input type="checkbox"/> Hayır
Prof. Dr., Elif KARAKOÇ AYDINER	Çocuk Sağlığı ve Hastalıkları	M.Ü Tıp Fakültesi/Üye	<input type="checkbox"/> Var	<input type="checkbox"/> Yok	<input type="checkbox"/> Evet <input type="checkbox"/> Hayır
Prof.Dr. Meltem KORAY	Diş Hekimi	İstanbul Üniv. Diş Hekimliği Fak./Üye	<input type="checkbox"/> Var	<input type="checkbox"/> Yok	<input type="checkbox"/> Evet <input type="checkbox"/> Hayır
Doç. Dr. Gürkan SERT	Hukukçu	M.Ü Tıp Fakültesi/Üye	<input type="checkbox"/> Var	<input type="checkbox"/> Yok	<input type="checkbox"/> Evet <input type="checkbox"/> Hayır
Doç.Dr. Figen DEMİR	Halk Sağlığı	Acıbadem Üniv. Tıp Fak.	<input type="checkbox"/> Var	<input type="checkbox"/> Yok	<input type="checkbox"/> Evet <input type="checkbox"/> Hayır
Doç.Dr. Fuar Mega TİBER	Biyofizik	M.Ü Tıp Fakültesi/Üye	<input type="checkbox"/> Var	<input type="checkbox"/> Yok	<input type="checkbox"/> Evet <input type="checkbox"/> Hayır
Gülde Aynur MİRZA	Sağlık Mensubu olmayan kişi	Serbest	<input type="checkbox"/> Var	<input type="checkbox"/> Yok	<input type="checkbox"/> Evet <input type="checkbox"/> Hayır

Annex 2. Patient Evaluation Form

DATE:

PATIENT EVALUATION FORM

NAME-SURNAME:

SEX:

BIRTH DATE/AGE:

HEIGHT:

WEIGHT:

BMI:

EDUCATION LEVEL:

MARITAL STATUS:

PHONE NUMBER:

NUMBER OF BIRTH:

TYPE OF BIRTH:

MENOPEASE STATUS:

WEEKLY ALCOHOL CONSUMPTION:/ week

WEEKLY TEA CONSUMPTION:/ week

WEEKLY CAFFEINE CONSUMPTION:/ week

MEDICAL HISTORY:

DRUGS USED:

Annex 3. Assessment of Muscle Strength

PERFECT SCHEME					
	Power (P)	Endurance (E)	Repetitions (R)	Fast Contraction (F)	Every Contraction Time (ECT)
1					
2					
3					
MEAN					

Surface EMG			
	Resting tone	Maximum Voluntary Contraction (MVC)	Pelvic Floor Muscle Endurance
1			
2			
3			
Mean			

Annex 4. International Consultation on Incontinence Questionnaire-Urinary Incontinence Short Form

Initial number

ICIQ-UI Short Form

CONFIDENTIAL

DAY MONTH YEAR

Today's date

Many people leak urine some of the time. We are trying to find out how many people leak urine, and how much this bothers them. We would be grateful if you could answer the following questions, thinking about how you have been, on average, over the PAST FOUR WEEKS.

1 Please write in your date of birth:

DAY MONTH YEAR

2 Are you (tick one):

Female Male

3 How often do you leak urine? (Tick one box)

- never 0
 about once a week or less often 1
 two or three times a week 2
 about once a day 3
 several times a day 4
 all the time 5

4 We would like to know how much urine you think leaks.

How much urine do you usually leak (whether you wear protection or not)?
 (Tick one box)

- none 0
 a small amount 2
 a moderate amount 4
 a large amount 6

5 Overall, how much does leaking urine interfere with your everyday life?

Please ring a number between 0 (not at all) and 10 (a great deal)

0 1 2 3 4 5 6 7 8 9 10
 not at all a great deal

ICIQ score: sum scores 3+4+5

6 When does urine leak? (Please tick all that apply to you)

- never – urine does not leak
 leaks before you can get to the toilet
 leaks when you cough or sneeze
 leaks when you are asleep
 leaks when you are physically active/exercising
 leaks when you have finished urinating and are dressed
 leaks for no obvious reason
 leaks all the time

Thank you very much for answering these questions.

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Annex 5. Urogenital Distress Inventory (UDI 6)


UROGENITAL DISTRESS INVENTORY (UDI 6)

Do you experience? If so how much are you bothered by:

	Not at all	A little bit	Moderately	Greatly
1. Frequent urination?	0	1	2	3
2. Urine leakage related to the feeling of urgency?	0	1	2	3
3. Urine leakage related to physical activity, coughing or sneezing?	0	1	2	3
4. Small amounts of urine leakage (that is drops)?	0	1	2	3
5. Difficulty emptying your bladder?	0	1	2	3
6. Pain or discomfort in the lower abdominal or genital area?	0	1	2	3

$$\frac{\text{RAW SCORE}}{6} \times 25 = \boxed{\text{FINAL SCORE}}$$

Annex 6. Incontinence Impact Questionnaire, Short Form (Iiq-7)

 OREGON HEALTH & SCIENCE UNIVERSITY Urology	Patient Name: _____ Date of Birth: _____ MRN: _____ Date of Service: _____ Physician: _____
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Incontinence Impact Questionnaire, Short Form (IIQ-7)

Some people find that accidental urine loss may affect their activities, relationships, and feelings. For each question, circle the response that best describes how much your activities, relationships, and feelings are being affected by urine leakage over the past month.

Has urine leakage (incontinence) affected your:

	Not at All	Slightly	Moderately	Greatly
Ability to do household chores (cooking, housecleaning, laundry)?	0	1	2	3
Physical recreation such as walking, swimming, or other exercise?	0	1	2	3
Entertaining activities (movies, concerts, etc.)?	0	1	2	3
Ability to travel by car or bus more than 30 minutes from home?	0	1	2	3
Participation in social activities outside your home?	0	1	2	3
Emotional health (nervousness, depression, etc.)?	0	1	2	3
Feeling frustrated?	0	1	2	3

Adapted from Uebersax JS, Wyman FF, Shumaker SA, et al. Short forms to assess life quality and symptom distress for urinary incontinence in women: the incontinence impact questionnaire and urogenital distress inventory. *NeuroUrol Urodyn* 1995; 14: 131.

Annex 7. Assessment of Patient Satisfaction

1) How satisfied were you with the treatment you received?

05.....10
(Not satisfied at all) (Very satisfied)

2) How satisfied were you with the decrease in your complaints after your treatment?

05.....10
(Not satisfied at all) (Very satisfied)

3) How satisfied were you that your exercise program is followed by online interviews?

05.....10
(Not satisfied at all) (Very satisfied)

Annex 8. Assessment of Exercise Adherence

- Visual Analog Scale

How long did you adhere to the exercise program during your treatment?

05.....10

(Not satisfied at all)

(Very satisfied)

- Broome Pelvic Muscle Exercise Self Efficacy Scale

Question	Level of Confidence
Part A: How confident are you that you can:	
1. Contract your pelvic muscles?	0 10 20 30 40 50 60 70 80 90 100
2. Perform pelvic muscle contractions three times a day?	0 10 20 30 40 50 60 70 80 90 100
3. Perform pelvic muscle contractions while lying down?	0 10 20 30 40 50 60 70 80 90 100
4. Perform pelvic muscle contractions while standing?	0 10 20 30 40 50 60 70 80 90 100
5. Perform pelvic muscle contractions while sitting?	0 10 20 30 40 50 60 70 80 90 100
6. Contract your pelvic muscles without contracting your abdominal muscles?	0 10 20 30 40 50 60 70 80 90 100
7. Contract your pelvic muscles while washing fruits under running water?	0 10 20 30 40 50 60 70 80 90 100
8. Contract your pelvic muscles when lifting a bag of groceries?	0 10 20 30 40 50 60 70 80 90 100
9. Contract your pelvic muscles while standing at the sink brushing your teeth?	0 10 20 30 40 50 60 70 80 90 100
10. Contract your pelvic muscles rapidly?	0 10 20 30 40 50 60 70 80 90 100
11. Perform pelvic muscle contractions when you are sad?	0 10 20 30 40 50 60 70 80 90 100
12. Contract your pelvic muscles while showering after a busy and tiring day?	0 10 20 30 40 50 60 70 80 90 100
13. Perform pelvic muscle contractions when you are tired?	0 10 20 30 40 50 60 70 80 90 100
14. Contract your pelvic muscles when you awaken at night with a strong urge to urinate?	0 10 20 30 40 50 60 70 80 90 100
Part B: How confident are you that pelvic muscle contractions will prevent unwanted urine loss:	
1. When you experience a strong urge to urinate?	0 10 20 30 40 50 60 70 80 90 100
2. When you sneeze?	0 10 20 30 40 50 60 70 80 90 100
3. When you laugh?	0 10 20 30 40 50 60 70 80 90 100
4. While waiting 2 minutes for a restroom?	0 10 20 30 40 50 60 70 80 90 100
5. While waiting 5 minutes for a restroom?	0 10 20 30 40 50 60 70 80 90 100
6. When you wake up at night with a strong urge to urinate?	0 10 20 30 40 50 60 70 80 90 100
7. When you lift a heavy package?	0 10 20 30 40 50 60 70 80 90 100
8. When you cough?	0 10 20 30 40 50 60 70 80 90 100
9. When washing fruits and vegetables?	0 10 20 30 40 50 60 70 80 90 100

^a Reprinted, with permission of the publisher, the Society of Urologic Nurses and Associates Inc, from: Broome B. Psychometric analysis of the Broome Pelvic Muscle Self-Efficacy Scale in African-American women with incontinence. *Urol Nurs.* 2001;21:289-297.

Annex 9. Female Sexual Function Index Score

Question	Response Options
Q1: Over the past 4 weeks, how often did you feel sexual desire or interest?	5 = Almost always or always 4 = Most times (more than half the time) 3 = Sometimes (about half the time) 2 = A few times (less than half the time) 1 = Almost never or never
Q2: Over the past 4 weeks, how would you rate your level (degree) of sexual desire or interest?	5 = Very high 4 = High 3 = Moderate 2 = Low 1 = Very low or none at all
Q3. Over the past 4 weeks, how often did you feel sexually aroused ("turned on") during sexual activity or intercourse?	0 = No sexual activity 5 = Almost always or always 4 = Most times (more than half the time) 3 = Sometimes (about half the time) 2 = A few times (less than half the time) 1 = Almost never or never
Q4. Over the past 4 weeks, how would you rate your level of sexual arousal ("turn on") during sexual activity or intercourse?	0 = No sexual activity 5 = Very high 4 = High 3 = Moderate 2 = Low 1 = Very low or none at all
Q5. Over the past 4 weeks, how confident were you about becoming sexually aroused during sexual activity or intercourse?	0 = No sexual activity 5 = Very high confidence 4 = High confidence 3 = Moderate confidence 2 = Low confidence 1 = Very low or no confidence
Q6. Over the past 4 weeks, how often have you been satisfied with your arousal (excitement) during sexual activity or intercourse?	0 = No sexual activity 5 = Almost always or always 4 = Most times (more than half the time) 3 = Sometimes (about half the time) 2 = A few times (less than half the time) 1 = Almost never or never

- Q7: Over the past 4 weeks, how **often** did you become lubricated ("wet") during sexual activity or intercourse?
- 0 = No sexual activity
5 = Almost always or always
4 = Most times (more than half the time)
3 = Sometimes (about half the time)
2 = A few times (less than half the time)
1 = Almost never or never
- Q8: Over the past 4 weeks, how **difficult** was it to become lubricated ("wet") during sexual activity or intercourse?
- 0 = No sexual activity
1 = Extremely difficult or impossible
2 = Very difficult
3 = Difficult
4 = Slightly difficult
5 = Not difficult
- Q9: Over the past 4 weeks, how often did you **maintain** your lubrication ("wetness") until completion of sexual activity or intercourse?
- 0 = No sexual activity
5 = Almost always or always
4 = Most times (more than half the time)
3 = Sometimes (about half the time)
2 = A few times (less than half the time)
1 = Almost never or never
- Q10: Over the past 4 weeks, how **difficult** was it to maintain your lubrication ("wetness") until completion of sexual activity or intercourse?
- 0 = No sexual activity
1 = Extremely difficult or impossible
2 = Very difficult
3 = Difficult
4 = Slightly difficult
5 = Not difficult
- Q11: Over the past 4 weeks, when you had sexual stimulation or intercourse, how **often** did you reach orgasm (climax)?
- 0 = No sexual activity
5 = Almost always or always
4 = Most times (more than half the time)
3 = Sometimes (about half the time)
2 = A few times (less than half the time)
1 = Almost never or never
- Q12: Over the past 4 weeks, when you had sexual stimulation or intercourse, how **difficult** was it for you to reach orgasm (climax)?
- 0 = No sexual activity
1 = Extremely difficult or impossible
2 = Very difficult
3 = Difficult
4 = Slightly difficult
5 = Not difficult
- Q13: Over the past 4 weeks, how **satisfied** were you with your ability to reach orgasm (climax) during sexual activity or intercourse?
- 0 = No sexual activity
5 = Very satisfied
4 = Moderately satisfied
3 = About equally satisfied and dissatisfied
2 = Moderately dissatisfied
1 = Very dissatisfied
- Q14: Over the past 4 weeks, how **satisfied** have you been with the amount of emotional closeness during sexual activity between you and your partner?
- 0 = No sexual activity
5 = Very satisfied
4 = Moderately satisfied
3 = About equally satisfied and dissatisfied
2 = Moderately dissatisfied
1 = Very dissatisfied

- Q15: Over the past 4 weeks, how satisfied have you been with your sexual relationship with your partner?
- 5 = Very satisfied
 4 = Moderately satisfied
 3 = About equally satisfied and dissatisfied
 2 = Moderately dissatisfied
 1 = Very dissatisfied
- Q16: Over the past 4 weeks, how **satisfied** have you been with your overall sexual life?
- 5 = Very satisfied
 4 = Moderately satisfied
 3 = About equally satisfied and dissatisfied
 2 = Moderately dissatisfied
 1 = Very dissatisfied
- Q17: Over the past 4 weeks, how **often** did you experience discomfort or pain during vaginal penetration?
- 0 = Did not attempt intercourse
 1 = Almost always or always
 2 = Most times (more than half the time)
 3 = Sometimes (about half the time)
 4 = A few times (less than half the time)
 5 = Almost never or never
- Q18: Over the past 4 weeks, how **often** did you experience discomfort or pain following vaginal penetration?
- 0 = Did not attempt intercourse
 1 = Almost always or always
 2 = Most times (more than half the time)
 3 = Sometimes (about half the time)
 4 = A few times (less than half the time)
 5 = Almost never or never
- Q19: Over the past 4 weeks, how would you rate your **level** (degree) of discomfort or pain during or following vaginal penetration?
- 0 = Did not attempt intercourse
 1 = Very high
 2 = High
 3 = Moderate
 4 = Low
 5 = Very low or none at all

* For the complete FSFI questionnaire, instructions and scoring algorithm, please see www.FSFIquestionnaire.com, or contact Raymond Rosen Ph.D., (Department of Psychiatry, UMDNJ-Robert Wood Johnson Medical School, 675 Hoes Lane, Piscataway, NJ 08854)

Annex 10. Overactive Bladder 8- Question Awareness Tool

OAB-V8

Overactive Bladder-Validated 8-question Screener¹

The questions below ask about how bothered you may be by some bladder symptoms. Some people are bothered by bladder symptoms and may not realize that there are treatments available for their symptoms. Please circle the number that best describes how much you have been bothered by each symptom. Add the numbers together for a total score and record the score in the box provided at the bottom.

How bothered have you been by...	Not at all	A little bit	Some-what	Quite a bit	A great deal	A very great deal
1. Frequent urination during the daytime hours?	0	1	2	3	4	5
2. An uncomfortable urge to urinate?	0	1	2	3	4	5
3. A sudden urge to urinate with little or no warning?	0	1	2	3	4	5
4. Accidental loss of small amounts of urine?	0	1	2	3	4	5
5. Nighttime urination?	0	1	2	3	4	5
6. Waking up at night because you had to urinate?	0	1	2	3	4	5
7. An uncontrollable urge to urinate?	0	1	2	3	4	5
8. Urine loss associated with a strong desire to urinate?	0	1	2	3	4	5

Are you male? If male add 2 points to your score

Please add up your responses to the questions above

Please hand this page to your doctor when you see him/her for your visit.

If your score is 8 or greater, you may have overactive bladder. There are effective treatments for this condition. You may want to talk with a healthcare professional about your symptoms.

Note: You may be asked to give a urine sample. Please ask before going to the bathroom.

Reference: 1. Data on file. Pfizer Inc, New York, NY.