

TANGO UNo

You Know. We Want to Understand.

How does waking at night to pass urine (called nocturia) impact on your day-to-day life?

If you have a spare 5-10 minutes, please help us as clinicians to better understand this common and bothersome symptom.

1. Please tell us the 3 things, in order of importance, that bother you most about waking from sleep at night to urinate (nocturia).

- a.
.....
- b.
.....
- c.
.....

Questions 2 to 4 comprise comments people have made about getting up at night to pass urine. Please select Yes if you agree with the statement or No if it doesn't relate to you.

2. Waking at night with the need to pass urine bothers me because

	Yes	No
I find myself falling asleep during the day.	<input type="radio"/>	<input type="radio"/>
I worry about my safety driving or operating machinery the next day.	<input type="radio"/>	<input type="radio"/>
I feel that this condition affects my relationship with my partner.	<input type="radio"/>	<input type="radio"/>
I am unable to enjoy my daytime activities as much as I used to.	<input type="radio"/>	<input type="radio"/>
I have trouble getting to sleep because of the feeling that I need to urinate.	<input type="radio"/>	<input type="radio"/>
I have had to change my daily habits / routine.	<input type="radio"/>	<input type="radio"/>
Waking up at night needing to urinate is a nuisance.	<input type="radio"/>	<input type="radio"/>

	Yes	No
I am careful about what I have to drink in the evening e.g. caffeine, alcohol.	<input type="radio"/>	<input type="radio"/>
I limit staying away from home or travelling.	<input type="radio"/>	<input type="radio"/>
I am unable to sleep-in longer because of work or other commitments.	<input type="radio"/>	<input type="radio"/>
I feel that my balance and/or coordination are affected the next day.	<input type="radio"/>	<input type="radio"/>
I worry that if I don't get up regularly throughout the night I may have a bladder accident.	<input type="radio"/>	<input type="radio"/>

3. I am bothered by waking at night to use the toilet because

	Yes	No
I feel slow and sluggish first thing in the morning.	<input type="radio"/>	<input type="radio"/>
I have been told that I just have to cope / there is no cure / it is a normal part of ageing.	<input type="radio"/>	<input type="radio"/>
I feel 'generally unwell'.	<input type="radio"/>	<input type="radio"/>
I generally need a nap during the day to catch up on missed sleep.	<input type="radio"/>	<input type="radio"/>
I sleep for less than 3 hours before waking up to urinate.	<input type="radio"/>	<input type="radio"/>
I or my family worry that I will trip/ fall/ injure myself trying to get to the toilet at night.	<input type="radio"/>	<input type="radio"/>
I am careful about how much I have to drink in the evening	<input type="radio"/>	<input type="radio"/>
I worry about not getting a good night's sleep.	<input type="radio"/>	<input type="radio"/>
I worry that my frequent trips to the bathroom at night disturbs the sleep of my partner/others.	<input type="radio"/>	<input type="radio"/>
My symptoms seem to be unpredictable / change from night to night.	<input type="radio"/>	<input type="radio"/>
I find it difficult getting back to sleep after waking to urinate.	<input type="radio"/>	<input type="radio"/>

4. Waking at night needing to empty my bladder bothers me because

	Yes	No
I makes me feel embarrassed.	<input type="radio"/>	<input type="radio"/>
Getting up from bed at night and walking to the toilet is physically difficult for me.	<input type="radio"/>	<input type="radio"/>
I wake up at night with pain in my bladder.	<input type="radio"/>	<input type="radio"/>

	Yes	No
I am worried about what is causing me to urinate at night.	<input type="radio"/>	<input type="radio"/>
My symptoms haven't responded to any treatments.	<input type="radio"/>	<input type="radio"/>
I don't feel I get as much sleep as I need to.	<input type="radio"/>	<input type="radio"/>
My sleep is restless.	<input type="radio"/>	<input type="radio"/>
I am absent from work because of this condition.	<input type="radio"/>	<input type="radio"/>
I feel like I spend half my life on the toilet.	<input type="radio"/>	<input type="radio"/>
I feel drowsy or sleepy during the day.	<input type="radio"/>	<input type="radio"/>
I seem to pass a large amount of urine at night.	<input type="radio"/>	<input type="radio"/>
I feel that getting up to pass urine at night is too trivial to talk to my GP about.	<input type="radio"/>	<input type="radio"/>

Questions 5 to 7 ask about you about how waking to pass urine at night affects your everyday life. Select the option that best describes your answer.

5. Thinking about your usual day, to what extent . . .

	Not at all	Slightly	Moderately	Quite a bit	A great deal
Was it difficult to concentrate?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did you feel low in energy and/or tired?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Were you unable to be productive at work or complete your personal, daily activities?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did you avoid participating in activities that you enjoy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did you feel irritable or moody?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did you limit your fluid intake?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. Thinking about last night, to what extent . . .

	Not at all	Slightly	Moderately	Quite a bit	A great deal
Did you lie awake without being able to return to sleep after getting up to use the bathroom?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Were you worried about tripping or falling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did you feel you got too little sleep?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. Overall, to what extent . . .

	Not at all	Slightly	Moderately	Quite a bit	A great deal
Do you worry that the nocturia will get worse in the future?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are you concerned with where the bathroom is when away from home overnight?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does nocturia presently impact your life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Questions 8 to 11 ask you about the severity of your nocturia, the bother this causes and whether or not you are currently receiving treatment for this symptom.

8. Overall, how much of a bother is waking at night to urinate?

- ☐ Not at all
- ☐ A little bit of a bother
- ☐ Moderate bother
- ☐ Quite a bother
- ☐ Extreme bother

9. How many times a night do you wake to pass urine? Think about the last 2 weeks.

10. Have you mentioned your symptoms to your GP?

- ☐ Yes
☐ No

11. Are you currently being treated for nocturia?

- ☐ Yes
☐ No

Questions 12 and 13 are the final questions and ask for some basic information about you.

12. What is your gender?

- ☐ Male
☐ Female

13. What is your age? _____