

**COMPREHENSIVE ASSESSMENT of
SELF-REPORTED URINARY SYMPTOMS (CASUS)**

Identification Number:

Date (mm/dd/yyyy):

Instructions: This questionnaire asks you about different urinary symptoms. Please read each question carefully. After you read the question, circle your response.

Section A

A1.

In the past 7 days, during waking hours, how many times did you typically urinate?

Circle one response below

3 or fewer times a day

4-7 times a day

8-10 times a day

11 or more times a day

A2.

In the past 7 days, during a typical day, how much time typically passed between urinations?

Circle one response below

More than 6 hours

5-6 hours

3-4 hours

1-2 hours

Less than 1 hour

A3.

In the past 7 days, during a typical day, how often did you urinate twice or more within a few minutes?

Circle one response below

Never A few times About half the time Most of the time Every time

(Section B)

B1.

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

Circle one response below

None 1 time 2-3 times More than 3 times

B2.

In the past 7 days, how often did you wake up at least once during the night because you had to urinate?

Circle one response below

Never A few nights About half the nights Most nights Every night

B3.

In the past 7 days, how would you describe your typical urge to urinate when you woke up during the night?

Circle one response below

No urge Mild urge Moderate urge Strong urge

B4.

In the past 7 days, how often did you leak urine during the night, including wetting a pad or the bed?

Circle one response below

Never A few nights About half the nights Most nights Every night

B5.

In the past 7 days, when you woke up and urinated, how often did you leak urine on your way to the bathroom?

Circle one response below

Never A few times About half the time Most of the time Every time

Section C

C1-Male (MEN ONLY):

In the past 7 days, where did you feel sensations when you felt you needed to urinate?

Circle Yes or No for each option below

- Lower abdomen:** **Yes/No**
- Bladder Area:** **Yes/No**
- Tip of the penis:** **Yes/No**
- Shaft of the penis:** **Yes/No**
- Scrotum/testicles:** **Yes/No**
- Urethra:** **Yes/No**
- Lower Back:** **Yes/No**
- Other:** **Yes/No**
- If Yes to Other, where do you feel sensations (write in):** _____

C1-Female (WOMEN ONLY):

In the past 7 days, where did you feel sensations when you felt you needed to urinate?

Circle Yes or No for each option below

- Lower Abdomen:** **Yes/No**
- Bladder Area:** **Yes/No**
- Area of labia/vagina:** **Yes/No**
- Urethra:** **Yes/No**
- Lower Back:** **Yes/No**
- Other:** **Yes/No**
- If Yes to Other, where do you feel sensations (write in):** _____

C2.

In the past 7 days, what kinds of sensations did you have when you felt you needed to urinate?

Circle Yes or No for each option below

- None:** Yes/No
- Bloating:** Yes/No
- Tingling:** Yes/No
- Burning:** Yes/No
- Pressure:** Yes/No
- Discomfort:** Yes/No
- Pain:** Yes/No
- Aching:** Yes/No
- Urgency:** Yes/No
- Stinging:** Yes/No
- Fullness:** Yes/No
- Other:** Yes/No

If Yes to Other, what kinds of sensations do you feel (write in): _____

I have sensations, but I can't put them into words: Yes/No

C3.

Think about the times between when you finished urinating and when you next need to urinate. During these times, are you aware of any feelings or sensations?

No **Yes**

If Yes, what kinds of feelings or sensations did you have?

Circle Yes or No for each option below

- Bloating:** Yes/No
- Tingling:** Yes/No
- Burning:** Yes/No
- Pressure:** Yes/No
- Discomfort:** Yes/No
- Pain:** Yes/No
- Aching:** Yes/No
- Urgency:** Yes/No
- Stinging:** Yes/No
- Fullness:** Yes/No
- Other:** Yes/No

If Yes to Other, what kinds of sensations do you feel (write in): _____

I have sensations, but I can't put them into words: Yes/No

C4.
In the past 7 days, how often did you have pain or discomfort in your bladder while it was filling?

Circle one response below

Never **A few times** **About half the time** **Most of the time** **Every time**
{If NEVER, skip C5}

C5.
In the past 7 days, how much pain or discomfort did you have in your bladder while it was filling?

Circle one response below

No pain or discomfort **Mild** **Moderate** **Severe**

C6.
In the past 7 days, how often did you have pain or discomfort in your bladder when it was full?

Circle one response below

Never **A few times** **About half the time** **Most of the time** **Every time**
{If NEVER, skip C7}

C7.
In the past 7 days, how much pain or discomfort did you have in your bladder when it was full?

Circle one response below

No pain or discomfort **Mild** **Moderate** **Severe**

C8.

In the past 7 days, how often did you have pain or discomfort while urinating?

Circle one response below

Never **A few times** **About half the time** **Most of the time** **Every time**
{If NEVER, skip C9}

C9.

In the past 7 days, how much pain or discomfort did you have while urinating?

Circle one response below

No pain or discomfort **Mild** **Moderate** **Severe**

C10.

In the past 7 days, how often did you have pain or discomfort right after you had finished urinating?

Circle one response below

Never **A few times** **About half the time** **Most of the time** **Every time**
{If NEVER, skip C11}

C11.

In the past 7 days, how much pain or discomfort did you have right after you had finished urinating?

Circle one response below

No pain or discomfort **Mild** **Moderate** **Severe**

Section D

D1.

In the past 7 days...

How often did you feel a sudden need to urinate?

Circle one response below

Never A few times About half the time Most of the time Every time

D2.

In the past 7 days, once you noticed the need to urinate, how difficult was it to wait more than a few minutes?

Circle one response below

Not difficult

A little difficult

Somewhat difficult

Very difficult

Unable to wait

D3.

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

Circle one response below

Never A few times About half the time Most of the time Every time

D4.

In the past 7 days, did you have a constant need to urinate that did not go away?

Circle Yes or No below

No Yes

Effort with Urination (Section E)

E1.

In the past 7 days, how often did you have a delay before you started to urinate?

Circle one response below

Never **A few times** **About half the time** **Most of the time** **Every time**
{If NEVER, skip E2}

E2.

In the past 7 days, when trying to urinate, how much of a delay was there before the urine came out?

Circle one response below

None

A few seconds to less than a minute

Around a minute

More than a minute

E3.

In the past 7 days, how often did you have to push when urinating?

Circle one response below

Never **A few times** **About half the time** **Most of the time** **Every time**
{If NEVER, skip E4, E5, E6}

E4.

In the past 7 days, how hard did you have to push to begin urinating?

Circle one response below

Not at all hard

A little bit hard

Quite a bit hard

Very hard

E5.

In the past 7 days, how hard did you have to push during urination?

Circle one response below

Not at all hard

A little bit hard

Quite a bit hard

Very hard

E6.

In the past 7 days, how often did you push extra hard while you were urinating?

Circle one response below

Never A few times About half the time Most of the time Every time

E7.

In the past 7 days, how much did you have to concentrate to empty your bladder?

Circle one response below

Not at all A little bit Quite a bit Very much

E8.

In the past 7 days, how often did you have to relax to empty your bladder?

Circle one response below

Never A few times About half the time Most of the time Every time

Urine Flow (Section F)

F1-male (MEN ONLY).

In the past 7 days, how often did you have splitting or spraying of your urine stream?

Circle one response below

Never A few times About half the time Most of the time Every time

F1-female (WOMEN ONLY).

In the past 7 days, how often did you have spraying or change in direction of your urine stream?

Circle one response below

Never A few times About half the time Most of the time Every time

F2.

In the past 7 days, once you started urinating, how often did your urine flow stop and start again?

Circle one response below

Never A few times About half the time Most of the time Every time

F3.

In the past 7 days, how often was your urine flow slow or weak?

Circle one response below

Never A few times About half the time Most of the time Every time

F4.

In the past 7 days, how often did you have a trickle or dribble at the end of your urine flow?

Circle one response below

Never A few times About half the time Most of the time Every time

F5.

In the past 7 days, how often did you have no sensation of urine flow while you were urinating?

Circle one response below

Never A few times About half the time Most of the time Every time

Incontinence (Section G)

G1.

In the past 7 days, have you leaked urine or wet a pad?

Circle Yes or No below

No Yes

{If No, skip to next section.}

G2.

In the past 7 days, how often did you completely lose control of your bladder?

Circle one response below

Never A few times About half the time Most of the time Every time

G3.
In the past 7 days, how often did you leak urine or wet a pad after feeling a sudden need to urinate?

Circle one response below

Never A few times About half the time Most of the time Every time

G4.
In the past 7 days, how often did you leak urine or wet a pad while laughing, sneezing, or coughing?

Circle one response below

Never A few times About half the time Most of the time Every time

G5.
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?

Circle one response below

Never A few times About half the time Most of the time Every time

G6.
In the past 7 days, how often did getting up from a chair cause you to leak urine or wet a pad?

Circle one response below

Never A few times About half the time Most of the time Every time

G7.
In the past 7 days, how often did walking at your usual speed cause you to leak urine or wet a pad?

Circle one response below

Never A few times About half the time Most of the time Every time

G8.
In the past 7 days, how often did you leak urine or wet a pad without feeling an urge to urinate or not in connection with physical activity?

Circle one response below

Never A few times About half the time Most of the time Every time

G9.
In the past 7 days, how often did walking down stairs or stepping off a curb cause you to leak urine or wet a pad?

Circle one response below

Never A few times About half the time Most of the time Every time

G10.
In the past 7 days, how often did you leak urine or wet a pad without any reason you could identify?

Circle one response below

Never A few times About half the time Most of the time Every time

G11.
In the past 7 days, how often did you leak urine or wet a pad without feeling it?

Circle one response below

Never A few times About half the time Most of the time Every time

Section H

H1.
In the past 7 days, how often did you feel a need to urinate after you had just urinated?

Circle one response below

Never A few times About half the time Most of the time Every time

H2.
In the past 7 days, how often did you feel that your bladder was not completely empty after urination?

Circle one response below

Never A few times About half the time Most of the time Every time

H3.

In the past 7 days, how often did you dribble urine just after zipping your pants or pulling up your underwear?

Circle one response below

Never

A few times

About half the time

Most of the time

Every time