

## LURN SYMPTOM INDEX-10 (LURN SI-10)

**Instruction: This questionnaire asks you about different urinary symptoms. Please read each question carefully, and then circle the response that best describes your symptoms.**

	Never	A few times	About half the time	Most of the time	Every time
1. In the past 7 days, how often did you feel a sudden need to urinate?	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 you have pain or discomfort in your bladder while it was filling?	0	1	2	3	4
6. In the past 7 days, how often did you have a delay before you started to urinate?	0	1	2	3	4
7. In the past 7 days, how often was your urine flow slow or weak?	0	1	2	3	4
8. 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
<b>Circle number here ---&gt;</b>	0	1	2	3	
9. In the past 7 days, during waking hours, how many times did you typically urinate?	(3 or fewer times a day)	(4-7 times a day)	(8-10 times a day)	(11 or more times a day)	
<b>Circle number here ---&gt;</b>	0	1	2	3	
10. In the past 7 days, during a typical night, how many times did you wake up and urinate?	(none)	(1 time)	(2-3 times)	(More than 3 times)	

In the past 7 days, how bothered were you by urinary symptoms?	Not at all bothered	Somewhat bothered	Very bothered	Extremely bothered
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Office Use: (note: last question is an unscored global rating)

Scoring: Questions 1-10: Sum of all responses x 10 / number of questions answered

$$\frac{\text{Q 1-10 Sum} \times 10}{\text{\# questions answered}} = \text{LURN SI-10 score}$$



