

LURN SYMPTOM INDEX-29 (LURN SI-29)

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

Section A

	<i>Never</i>	<i>A few times</i>	<i>About half the time</i>	<i>Most of the time</i>	<i>Every time</i>
1. In the past 7 days, how often did you completely lose control of your bladder?	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 walking at your usual speed cause you to leak urine or wet a pad?	0	1	2	3	4

	<i>Never</i>	<i>A few nights</i>	<i>About half the nights</i>	<i>Most of the nights</i>	<i>Every night</i>
6. In the past 7 days, how often did you leak urine during the night, including wetting a pad or the bed?	0	1	2	3	4

Section B

	<i>Never</i>	<i>A few times</i>	<i>About half the time</i>	<i>Most of the time</i>	<i>Every time</i>
7. 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
8. In the past 7 days, how often did you have pain or discomfort in your bladder when it was full?	0	1	2	3	4
9. In the past 7 days, how often did you have pain or discomfort while urinating?	0	1	2	3	4
10. In the past 7 days, how often did you have pain or discomfort right after you had finished urinating?	0	1	2	3	4

Section C

	<i>Never</i>	<i>A few times</i>	<i>About half the time</i>	<i>Most of the time</i>	<i>Every time</i>
11. In the past 7 days, how often did you have to push when urinating?	0	1	2	3	4
12. In the past 7 days, how often did you have a delay before you started to urinate?	0	1	2	3	4
13. In the past 7 days, once you started urinating, how often did your urine flow stop and start again?	0	1	2	3	4
14. In the past 7 days, how often was your urine flow slow or weak?	0	1	2	3	4
15. In the past 7 days, how often did you have a trickle or dribble at the end of your urine flow?	0	1	2	3	4

Section D

	<i>Never</i>	<i>A few times</i>	<i>About half the time</i>	<i>Most of the time</i>	<i>Every time</i>
16. In the past 7 days, how often did you feel a sudden need to urinate?	0	1	2	3	4
17. In the past 7 days, how often did you have a sudden need to rush to urinate for fear of leaking urine?	0	1	2	3	4

	<i>Not difficult</i>	<i>A little difficult</i>	<i>Somewhat difficult</i>	<i>Very difficult</i>	<i>Unable to wait</i>
18. In the past 7 days, once you noticed the need to urinate, how difficult was it to wait more than a few minutes?	0	1	2	3	4

Section E

19. 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	
<input type="text" value="Circle number here ---->"/>	0	1	2	3	
	<i>Never</i>	<i>A few nights</i>	<i>About half the nights</i>	<i>Most nights</i>	<i>Every night</i>
20. In the past 7 days, how often did you wake up at least once during the night because you had to urinate?	0	1	2	3	4

Section F

21. In the past 7 days, during waking hours, how many times did you typically urinate? Circle number here --->	3 or fewer times a day 0	4-7 times a day 1	8-10 times a day 2	11 or more times a day 3
22. In the past 7 days, during a typical day, how much time typically passed between urinations? Circle number here --->	More than 6 hours 0	5-6 hours 1	3-4 hours 2	Less than 1 hour 3
23. In the past 7 days, how would you describe your typical urge to urinate when you woke up during the night? Circle number here --->	No urge 0	Mild urge 1	Moderate urge 2	Strong urge 3
24. In the past 7 days, did you have a constant need to urinate that did not go away? Circle number here --->	Yes 1		No 0	

	<i>Never</i>	<i>A few times</i>	<i>About half the time</i>	<i>Most of the time</i>	<i>Every time</i>
25. In the past 7 days, how often did you feel that your bladder was not completely empty after urination?	0	1	2	3	4
26. 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

FOR WOMEN ONLY: 27a. In the past 7 days, how often did you have spraying or change in direction of your urine stream?	0	1	2	3	4
FOR MEN ONLY: 27b. In the past 7 days, how often did you have splitting or spraying of your urine stream?	0	1	2	3	4

28. In the past 7 days, how bothered were you by urinary symptoms? Circle number here --->	Not at all bothered 0	Somewhat bothered 1	Very bothered 2	Extremely bothered 3
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