International Consultation on Incontinence Questionnaire
Male Lower Urinary Tract Symptoms (ICIQ-MLUTS)

Confidential

ICIQ-MLUTS

Today’s Date_____/_____/_____

Patient Name______________________________________________

Urinary Symptoms
Many people experience urinary symptoms some of the time. We are trying to find out how many people experience urinary symptoms, and how much they bother 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 (mm/dd/yyyy).  _____/_____/_____

2a. Is there a delay before you can start to urinate?

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Occasionally</th>
<th>Sometimes</th>
<th>Most of the time</th>
<th>All of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Option</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

2b. How much does this bother you?

*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

3a. Do you have to strain to continue urinating?

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
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</table>

3b. How much does this bother you?

*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

4a. Would you say that the strength of your urinary stream is...

<table>
<thead>
<tr>
<th></th>
<th>Normal</th>
<th>Occasionally reduced</th>
<th>Sometimes reduced</th>
<th>Reduced most of the time</th>
<th>Reduced all of the time</th>
</tr>
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4b. How much does this bother you?

*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
5a. Do you stop and start more than once while you urinate?
   Never □ 0
   Occasionally □ 1
   Sometimes □ 2
   Most of the time □ 3
   All of the time □ 4

5b. How much does this bother you?
   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

6a. How often do you feel that your bladder has not emptied properly after you have urinated?
   Never □ 0
   Occasionally □ 1
   Sometimes □ 2
   Most of the time □ 3
   All of the time □ 4

6b. How much does this bother you?
   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

7a. Do you have a sudden need to rush to the toilet to urinate?
   Never □ 0
   Occasionally □ 1
   Sometimes □ 2
   Most of the time □ 3
   All of the time □ 4

7b. How much does this bother you?
   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

8a. Does urine leak before you can get to the toilet?
   Never □ 0
   Occasionally □ 1
   Sometimes □ 2
   Most of the time □ 3
   All of the time □ 4

8b. How much does this bother you?
   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

VS Score: ________
9a. Does urine leak when you cough or sneeze?

- Never □ 0
- Occasionally □ 1
- Sometimes □ 2
- Most of the time □ 3
- All of the time □ 4

9b. How much does this bother you?

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

10a. Do you ever leak for no obvious reason and without feeling that you want to go?

- Never □ 0
- Occasionally □ 1
- Sometimes □ 2
- Most of the time □ 3
- All of the time □ 4

10b. How much does this bother you?

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

11a. Do you leak urine when you are asleep?

- Never □ 0
- Occasionally □ 1
- Sometimes □ 2
- Most of the time □ 3
- All of the time □ 4

11b. How much does this bother you?

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

12a. How often have you had a slight wetting of your pants a few minutes after you had finished urinating and had dressed yourself?

- Never □ 0
- Occasionally □ 1
- Sometimes □ 2
- Most of the time □ 3
- All of the time □ 4

12b. How much does this bother you?

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

IS Score: ___

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13a. How often do you pass urine during the day?

- 1 to 6 times □ 0
- 7 to 8 times □ 1
- 9 to 10 times □ 2
- 11 to 12 times □ 3
- 13 or more times □ 4

13b. How much does this bother you?

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

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14a. During the night, how many times do you have to get up to urinate, on average?

- None □ 0
- One □ 1
- Two □ 2
- Three □ 3
- Four or more □ 4

14b. How much does this bother you?

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

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Thank you very much for answering these questions.