

BFLUTS-SF Questionnaire

Patient Name: _____ Date: _____

We would like to find out about your urinary symptoms. Please answer each question, thinking about the urinary symptoms you have experienced in the last 4 weeks.

You will see that some questions ask how often you have a symptom:

Occasionally: Less than one third of the time

Sometimes: Between one and two thirds of the time

Most of the time: More than two thirds of the time

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

- None
- 1
- 2
- 3
- 4 or more

2. Do you have to rush to the toilet to urinate?

- Never
- Occasionally
- Sometimes
- Most of the time
- All of the time

3. Do you have pain in your bladder?

- Never
- Occasionally
- Sometimes
- Most of the time
- All of the time

4. How often do you pass urine during the day?

- Every 4 hours or more
- Every 3 hours
- Every 2 hours
- Hourly

BFLUTS-FS sum scores 1-4: _____

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

- Never
- Occasionally
- Sometimes
- Most of the time
- All of the time

6. Do you have to strain to urinate?

- Never
- Occasionally
- Sometimes
- Most of the time
- All of the time

7. Do you stop and start more than once while you urinate?

- Never
- Occasionally
- Sometimes
- Most of the time
- All of the time

BFLUTS-VS sum scores 5-7 : _____

8. Does urine leak before you can get to the toilet?

- Never
- Occasionally
- Sometimes
- Most of the time
- All of the time

9. How often do you leak urine?

- Never
- Once or less per week
- 2-3 times per week
- Once per day
- Several times per day

10. Does urine leak when you are physically active, exert yourself, cough or sneeze?

- Never
- Occasionally
- Sometimes

- Most of the time
- All of the time

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

- Never
- Occasionally
- Sometimes
- Most of the time
- All of the time

12. Do you leak urine when you are asleep?

- Never
- Occasionally
- Sometimes
- Most of the time
- All of the time

BFLUTS-IS sum scores 8-12: _____

13. To what extent do you feel that your sex life has been spoiled by your urinary symptoms?

- Not at all
- A little
- Somewhat
- A lot

14. Do you leak urine when you have sexual intercourse?

- Not at all
- A little
- Somewhat
- A lot

BFLUTS-Sex sum scores 13-14: _____

15. Do you need to change your outer clothing during the day because of urine leakage?

- Never
- Occasionally
- Sometimes
- Most of the time
- All of the time

16. Do you cut down on the amount of fluid you drink so that your urinary symptoms improve and you can do things that you want to do?

- Never

- Occasionally
- Sometimes
- Most of the time
- All of the time

17. To what extent have your urinary symptoms affected your ability to perform daily tasks (e.g. cleaning, lifting objects)?

- Not at all
- A little
- Somewhat
- A lot

18. Do you avoid places and situations where you know a toilet is not nearby (e.g. shopping, traveling, church)?

- Never
- Occasionally
- Sometimes
- Most of the time
- All of the time

19. Overall, how much do your urinary symptoms interfere with your life?

- Not at all
- A little
- Somewhat
- A lot

BFLUTS-QoL sum scores 15-19: _____