

# THE KING'S HEALTH QUESTIONNAIRE

## 1. How would you describe your health at the present?

Please tick one answer

Very good

Good

Fair

Poor

Very poor

## 2. How much do you think your bladder problem affects your life?

Please tick one answer

Not at all

A little

Moderately

A lot

Please turn the page

**Below are some daily activities that can be affected by bladder problems.  
How much does your bladder problem affect you?**

**We would like you to answer every question. Simply tick the box that applies to**

<b><u>3. ROLE LIMITATIONS</u></b>	<b>1</b> Not at all	<b>2</b> Slightly	<b>3</b> Moderately	<b>4</b> A lot
<b>A.</b> Does your bladder problem affect your household tasks? (cleaning, shopping etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>B.</b> Does your bladder problem affect your job, or your normal daily activities outside the home?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<b><u>4. PHYSICAL/SOCIAL LIMITATION</u></b>	<b>1</b> Not at all	<b>2</b> Slightly	<b>3</b> Moderately	<b>4</b> A lot
<b>A.</b> Does your bladder problem affect your physical activities (e.g. going for a walk, running, sport, gym etc)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>B.</b> Does your bladder problem affect your ability to travel?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>C.</b> Does your bladder problem limit your social life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>D.</b> Does your bladder problem limit your ability to see and visit friends?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<b><u>5. PERSONAL RELATIONSHIPS</u></b>	<b>0</b> Not Applicable	<b>1</b> Not at all	<b>2</b> Slightly	<b>3</b> Moderately	<b>4</b> A lot
<b>A.</b> Does your bladder problem affect your relationship with your partner?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>B.</b> Does your bladder problem affect your sex life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>C.</b> Does your bladder problem affect your family life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## 6. EMOTIONS

- |  | 1<br>Not at all       | 2<br>Slightly         | 3<br>Moderately       | 4<br>Very mu          |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| A. Does your bladder problem make you feel depressed?          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| B. Does your bladder problem make you feel anxious or nervous? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| C. Does your bladder problem make you feel bad about yourself? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

## 7.SLEEP/ENERGY

- |   | 1<br>Never            | 2<br>Sometimes        | 3<br>Often            | 4<br>All the ti       |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| A. Does your bladder problem affect your sleep?                 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| B. Does your bladder problem make you feel worn out and tired ? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

## 8.Do you do any of the following?

- |   | 1<br>Never            | If so how much?       |                       |                       | 4<br>All the tim      |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|   |                       | 2<br>Sometimes        | 3<br>Often            |                       |                       |
| A. Wear pads to keep dry?                         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| B. Be careful how much fluid you drink ?          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| C. Change your underclothes because they get wet? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| D. Worry in case you smell?                       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

We would like to know what your bladder problems are and how much they affect you ? From the list below choose only those problems that you have at present. Leave out those that don't apply to you.

How much do they affect you?

**FREQUENCY:** going to the toilet very often

1. A little

2. Moderately

3. A lot

**NOCTURIA:** getting up at night to pass urine

1. A little

2. Moderately

3. A lot

**URGENCY:** a strong and difficult to control desire to pass urine

1. A little

2. Moderately

3. A lot

**URGE INCONTINENCE:** urinary leakage associated with a strong desire to pass urine

1. A little

2. Moderately

3. A lot

**STRESS INCONTINENCE:** urinary leakage with physical activity eg. coughing, running

1. A little

2. Moderately

3. A lot

**NOCTURNAL ENURESIS:** wetting the bed at night

1. A little

2. Moderately

3. A lot

**INTERCOURSE INCONTINENCE:** urinary leakage with sexual intercourse

1. A little

2. Moderately

3. A lot

**WATERWORKS INFECTIONS**

1. A little

2. Moderately

3. A lot

**BLADDER PAIN**

1. A little

2. Moderately

3. A lot

*Thank You For Your Time*