



## The King's Health Questionnaire

1. How would you describe your health at the present? Please choose one.

- ☐ Very Good
- ☐ Good
- ☐ Fair
- ☐ Poor
- ☐ Very Poor

2. How much do you think your bladder problem affects your life? Please choose one.

- ☐ Not at all
- ☐ A little
- ☐ Moderately
- ☐ A lot

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 mark the box that applies to you.*

### 3. Role Limitations

	1. Not at all	2. Slightly	3. Moderately	4. A lot
A. Does your bladder problem affect your household tasks? (cleaning, shopping, etc.)				
B. Does your bladder problem affect your job, or your normal daily activities outside the home?				

Comments:

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### 4. Physical/Social Limitation

	1. Not at all	2. Slightly	3. Moderately	4. A lot
A. Does your bladder problem affect your physical activities? (e.g. going for a walk, running, sports, gym, etc.)				
B. Does your bladder problem affect your ability to travel?				

C. Does your bladder problem limit your social life?				
D. Does your bladder problem limit your ability to see and visit friends?				

Comments:

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#### 5. Personal Relationships

	1. Not Applicable	1. Not at all	2. Slightly	3. Moderately	4. A lot
A. Does your bladder problem affect your relationship with your partner?					
B. Does your bladder problem affect your sex life?					
C. Does your bladder problem affect your family life?					

Comments:

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#### 6. Emotions

	1. Not at all	2. Slightly	3. Moderately	4. A lot
A. Does your bladder problem make you feel depressed?				
B. Does your bladder problem make you feel anxious or nervous?				
C. Does your bladder problem make you feel bad about yourself?				

Comments:

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#### 7. Sleep/Energy

	1. Never	2. Sometimes	3. Often	4. All the time
A. Does your bladder problem affect your sleep?				
B. Does your bladder problem make you feel worn out and tired?				

Comments:

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8. Do you do any of the following? If so, how much?

	1. Never	2. Sometimes	3. Often	4. All the time
A. Wear pads to keep dry?				
B. Be careful how much fluid you drink?				
C. Change your underclothes because they get wet?				
D. Worry in case you smell?				

Comments:

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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.

How much do the following affect you?

	1. A little	2. Moderately	3. A lot	4. Not applicable
Frequency: going to the toilet very often				
Nocturia: getting up at night to pass urine				
Urgency: a strong and difficult to control desire to pass urine Urge incontinence: urinary leakage associated with a strong desire to pass urine				
Stress incontinence: urinary leakage with physical activity eg. coughing, running				
Nocturnal enuresis: wetting the bed at night				
Intercourse incontinence: urinary leakage with sexual intercourse				
Waterworks infections				
Bladder pain				

Comments:

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