

NOCTURIA PATIENT QUESTIONNAIRE

NAME: _____

DATE OF BIRTH: _____

CURRENT MEDICATION: (if applicable): _____

QUESTIONS

Yes

No

1 Do you have problems sleeping apart from needing to get up to urinate?

2 Do you find lying in bed uncomfortable?

3 Do you suffer from anxiety or worry excessively?

4 Have you been told that you gasp or stop breathing at night?

5 Do you wake up without feeling refreshed?

6 Do you fall asleep in the day?

7 Do you have ankle swelling?

8 Do you get short of breath when walking?

9 Do you get light-headed when you stand up?

10 Do you have any problems controlling your legs?

11 Do your movements feel slow?

12 Do you have tremor in your hands?

13 Do you get a sudden need to rush to urinate during the night?

14 Do you get a burning feeling as you pass urine?

15 Does your bladder become painful even when it contains just a small amount of urine?

16 Have you felt very thirsty?

17 *If applicable:* Have you noticed changes in your periods recently?