

# THE KING'S HEALTH QUESTIONNAIRE

Your name:

Your Kaiser medical record number:

## 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**

**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 you**

<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**

	<b>1</b> <b>Not at all</b>	<b>2</b> <b>Slightly</b>	<b>3</b> <b>Moderately</b>	<b>4</b> <b>Very much</b>
<b>A.</b> Does your bladder problem make you feel depressed?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>B.</b> Does your bladder problem make you feel anxious or nervous?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>C.</b> 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**

	<b>1</b> <b>Never</b>	<b>2</b> <b>Sometimes</b>	<b>3</b> <b>Often</b>	<b>4</b> <b>All the time</b>
<b>A.</b> Does your bladder problem affect your sleep?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>B.</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?**

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