

**Nocturia Quality of Life Questionnaire (N-QOL)<sup>®</sup>**  
(for men who have to get up at night to urinate)

The following statements are about the impact of 'having to get up at night to urinate'. For each item, please mark an (X) in the box next to the response that best describes how you have felt. Please mark only one box for each statement.

OVER THE PAST 2 WEEKS, HAVING TO GET UP AT NIGHT TO URINATE ...						
1.	Has made it difficult for me to concentrate the next day	<input type="checkbox"/> Every day	<input type="checkbox"/> Most days	<input type="checkbox"/> Some days	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never
2.	Has made me feel generally low in energy the next day	<input type="checkbox"/> Every day	<input type="checkbox"/> Most days	<input type="checkbox"/> Some days	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never
3.	Has required me to nap during the day	<input type="checkbox"/> Every day	<input type="checkbox"/> Most days	<input type="checkbox"/> Some days	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never
4.	Has made me less productive the next day	<input type="checkbox"/> Every day	<input type="checkbox"/> Most days	<input type="checkbox"/> Some days	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never
5.	Has caused me to participate less in activities I enjoy	<input type="checkbox"/> Extremely	<input type="checkbox"/> Quite a bit	<input type="checkbox"/> Moderately	<input type="checkbox"/> A little bit	<input type="checkbox"/> Not at all
6.	Has caused me to be careful about when or how much I drink	<input type="checkbox"/> All the time	<input type="checkbox"/> Most of the time	<input type="checkbox"/> Some of the time	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never
7.	Has made it difficult for me to get enough sleep at night	<input type="checkbox"/> Every night	<input type="checkbox"/> Most nights	<input type="checkbox"/> Some nights	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never

OVER THE PAST 2 WEEKS, I HAVE BEEN.....						
8.	Concerned that I am disturbing others in the house because of having to get up at night to urinate	<input type="checkbox"/> Extremely	<input type="checkbox"/> Quite a bit	<input type="checkbox"/> Moderately	<input type="checkbox"/> A little bit	<input type="checkbox"/> Not at all
9.	Preoccupied about having to get up at night to urinate	<input type="checkbox"/> All the time	<input type="checkbox"/> Most of the time	<input type="checkbox"/> Some of the time	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never
10.	Worried that this condition will get worse in the future	<input type="checkbox"/> Extremely	<input type="checkbox"/> Quite a bit	<input type="checkbox"/> Moderately	<input type="checkbox"/> A little bit	<input type="checkbox"/> Not at all
11.	Worried that there is no effective treatment for this condition (having to get up at night to urinate)	<input type="checkbox"/> Extremely	<input type="checkbox"/> Quite a bit	<input type="checkbox"/> Moderately	<input type="checkbox"/> A little bit	<input type="checkbox"/> Not at all

12. Overall, how bothersome has having to get up at night to urinate been during the past 2 weeks?

- Not at all
- A little bit
- Moderately
- Quite a bit
- Extremely

13. Overall I would rate my quality of life to be...

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