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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

<u>3. ROLE LIMITATIONS</u>	1 Not at all	2 Slightly	3 Moderately	4 A lot
A. Does your bladder problem affect your household tasks? (cleaning, shopping etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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"/>

<u>4. PHYSICAL/SOCIAL LIMITATION</u>	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, sport, gym etc)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. Does your bladder problem affect your ability to travel?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. Does your bladder problem limit your social life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D. Does your bladder problem limit your ability to see and visit friends?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<u>5. PERSONAL RELATIONSHIPS</u>	0 Not Applicable	1 Not at all	2 Slightly	3 Moderately	4 A lot
A. 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. Does your bladder problem affect your sex life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. 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 Not at all	2 Slightly	3 Moderately	4 Very much
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 Never	2 Sometimes	3 Often	4 All the time
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?

	If so how much?			
	1 Never	2 Sometimes	3 Often	4 All the time
A. Wear pads to keep dry?	<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"/>
C. Change your underclothes because they get wet?	<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"/>

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