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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?

	1 Never	2 Sometimes	3 Often	4 All the time
	If so how much?			
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