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Characterizing voiding experiences of men choosing seated and standing positions

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Abstract

Aims: Voiding positions and preferences in men are not well characterized. In this study, we aim to understand the interplay of voiding characteristics and their impact on voiding position.

Methods: We designed a 27-item survey to assess voiding characteristics and lower urinary tract symptoms (LUTS) severity in men seen in urology and other outpatient clinics. Participants included adult men patients and adult men accompanying patients at our institution's outpatient clinics. Data collected included demographics, International Prostate Symptom Score questionnaire, stream type (single, split, and dribble), voiding behavior, positional stream quality, and voiding bother.

Results: We received 195 completed surveys (80% response rate). Of men queried, 18% (35/195) preferred to sit while voiding. Overall, men who sit had a higher proportion of LUTS (66% [23/35] vs. 41% [66/160]; $p = .01$), more physical limitations affecting voiding choice (20% [7/35] vs. 3% [5/160]; ($p = .001$), and a lower desire to stand (6% [2/35] vs. 24% [38/160]; $p = .02$), compared to men who stand. Men who sit while voiding reported nearly double the amount of voiding associated bother (34% [12/35]) compared to men who stand (18% [28/160]; $p = .04$). Older aged men reported a similar rate of seated urination compared to younger men. The most common reasons to void seated included comfort and avoidance of spraying.

Conclusions: Our findings discourage the use of anecdotal beliefs founded on generalizable characteristics, such as age and stream type, to infer a patient's voiding characteristics. Open dialog with patients regarding voiding preferences may garner important information regarding overall urologic health and better inform urologic care.

KEYWORDS

lower urinary tract symptoms, sitting, standing, voiding, voiding position

1 | INTRODUCTION

Voiding preference is influenced by a variety of factors such as cultural conventions, societal norms, and comfort.^{1–3} Despite the multiple aspects that impact voiding position, studies have shown that men with severe lower urinary tract symptoms (LUTS), as measured using standardized scoring metrics (i.e., International Prostate Symptom Score [IPSS]), and men of older age choose the seated position more often.^{4–6} Understanding influences on urinary preferences may impact clinical practice and decision-making, including recommendations for certain surgeries that require voiding in a seated position.

Prior research has examined voiding position and its impact on urinary flow rate, voiding time, and postvoid residual volume.^{7–11} There is a paucity of data, however, on why individuals opt for a certain voiding position (i.e., voiding seated or standing) and its impact on the quality of life. A recent meta-analysis found that while voiding seated or standing had no effect on urinary flow rate and postvoid residual volume, voiding seated may decrease the risk of bladder stones and cystitis in men with LUTS.¹² Moreover, some urologists anecdotally consider older men as more acclimated to void seated for improved comfort.^{4–6}

Understanding the reasons and prevalence of voiding is important to improve patient and provider decision-making. Herein, we aim to build upon previous work by examining the prevalence and phenotype of men who sit to void. We also examine the impact of voiding position on voiding-associated bother. We hypothesize that men who predominantly void seated and men who predominantly void standing will have similar voiding-associated bother, and men who predominantly void seated will report more physical limitations and split stream.

2 | MATERIALS AND METHODS

2.1 | Study setting and design

We designed a 27-item survey to assess voiding characteristics and LUTS severity in men (Appendix) seen in urology and other outpatient clinics. The survey was developed as part of a multidisciplinary collaboration aimed to characterize urination patterns in men at a large academic center.

2.2 | Study population

Participants included adult men patients and adult men accompanying patients at our institution's outpatient

clinics from May to August 2019 (Institutional Review Board #19-27230). Subjects were able to walk unassisted; subjects unable to walk unassisted were asked to complete the survey based on their experiences before being unable to walk unassisted.

2.3 | Survey measures

The contents of the survey included demographics (i.e., gender, age, and race/ethnicity), a 20-item portion on voiding characteristics, and the IPSS.¹³ All participants provided informed consent and completed the survey before leaving the clinic. Surveys were included if they were at least 75% complete, and respondents were deidentified before analysis.

2.3.1 | Voiding characteristics

The voiding characteristics portion of the survey assessed preference for sitting (Appendix), quality of sitting (Appendix) and standing urination (Appendix), importance to stand (Appendix), and physical limitations (Appendix). Each item was rated on a six-point Likert scale and responses were dichotomized as positive for an item if answered above the Likert equivalent of a 3. We additionally obtained two fill-in-a-blank responses regarding reasons for sitting (Appendix) and physical limitations (Appendix). The urinary stream was characterized by single, split, or dribble (Appendix).

2.3.2 | The International Prostate Symptom Score

The IPSS seven-item questionnaire is a validated scoring system to assess the severity of LUTS (Appendix), resulting in a final cumulative score of either mild (IPSS score: 0–7), moderate (IPSS score: 8–19), or severe (IPSS score: 20–35).¹³ We defined LUTS as an IPSS score of either moderate or severe. The IPSS has an additional eighth item regarding bother associated with urination (Appendix), which was answered on a seven-point Likert scale from “Delighted” to “Terrible.”

2.4 | Statistical analysis

Descriptive statistics characterized all demographic variables, while frequencies and proportions characterized all other survey questions. Fisher's Exact test evaluated differences among seated and standing voiding groups among quality of sitting and standing urinary stream, LUTS, importance to

stand, physical limitations, bother, age group, and stream type. We constructed a logistic regression model to report odds ratios (ORs) and corresponding 95% confidence intervals (CIs) for choosing a voiding position according to exposures: quality of sitting and standing urinary stream, LUTS, importance to stand, physical limitations, and bother. The model accounted and adjusted for interactions between these voiding characteristics, as each is not necessarily independently associated with voiding position. The trend between age and voiding position was assessed using logistic regression. Two-sided *p* values less than .05 were considered statistically significant. Statistical analysis was performed using STATA v15 (StataCorp, College Station, Texas).

3 | RESULTS

3.1 | Study population

We received 195 completed surveys (80% response rate), consisting of 67% (124/192) urology patients, 28% (53/192) men who accompanied a patient, and 8% (15/192) ophthalmology patients. The mean (*SD*) age was 53 (18). A total of 67% (128/195), 13% (25/195), 12% (24/195), 4% (8/195), 2% (4/195), 5% (10/195), and 1% (2/195) men identified as Caucasian, Hispanic, Asian–American, African–American, Native–American, and other, and preferred not to answer, respectively. Overall, 46% (89/195) of men had LUTS.

3.2 | Characteristics of men who void seated and standing

Of men queried, 18% (35/195) preferred to sit while voiding (Table 1). Men who reported voiding standing and seated had similar sitting and standing stream quality. However, men who sit had a higher proportion

of LUTS compared to those who stand (66% [23/35] vs. 41% [66/160]; *p* = .01). Within the IPSS subgroups of LUTS, symptoms of frequency (*p* = .008), intermittency (*p* = .006), urgency (*p* = .003), weak urinary stream (*p* = .007), and strain (*p* = .04) were associated with seated voiding. Incomplete emptying (*p* = .41) and nocturia (*p* = .24) were not associated with choosing the seated position.

Physical limitations affected urination decision significantly more for those who sit than those who stand to void (*p* = .001). Physical limitations that affected the voiding position included recent surgery and physical outflow obstruction (Table 2). Men who stand, compared to men who sit, found it significantly more important to void in the standing position (*p* = .02).

Men who sit while voiding reported nearly double the amount of dissatisfaction with urination compared to men who stand (*p* = .04). Specifically, nearly one-third of men who sit felt “Unhappy” or “Terrible” with their urination condition, compared to only 8% of men who stand (Figure 1). After multivariate analysis, the physical limitation was the only exposure that significantly increased odds of seated voiding (OR: 13.4 [95% CI: 2.3–77.0]; *p* = .004; Table 3). Subjects who reported high importance to void standing possessed decreased odds of seated voiding (OR: 0.1 [95% CI: 0.0–0.5]; *p* = .006).

3.3 | Reasons for sitting

The most popular reasons for seated urination included avoiding a mess associated with standing, preferring to sit at nighttime, and sitting feeling more comfortable than standing (Table 4). Other reasons included achieving better urinary flow, and reading or using the phone.

TABLE 1 Characteristics of voiding associated with the position

| Survey question | Sit (<i>n</i> = 35) (<i>n</i> [%]) | Stand (<i>n</i> = 160) (<i>n</i> [%]) | <i>p</i> |
|-----------------------------------------------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------|----------|
| Good quality of stream when sitting? | 18 (51) | 107 (67) | .33 |
| Good quality of stream when standing? | 15 (45) | 109 (67) | .12 |
| LUTS (IPSS score of “moderate” or “severe”)? | 23 (66) | 66 (41) | .01 |
| Important to you to urinate standing? | 2 (6) | 38 (24) | .02 |
| Physical limitations inform your decision to sit or stand? | 7 (20) | 5 (3) | .001 |
| Would you feel mostly dissatisfied or worse about spending the rest of your life with your current voiding condition? | 12 (34) | 28 (18) | .04 |

Abbreviations: IPSS, International Prostate Symptom Score; LUTS, lower urinary tract symptoms.

TABLE 2 Physical limitations affecting voiding position from open-ended survey responses ($n = 17$)

| Physical Limitation | n (%) |
|--------------------------------|---------|
| "Recent surgery" | 4 (24) |
| "Physical outflow obstruction" | 3 (18) |
| "Kidney stones" | 2 (12) |
| "Obesity" | 2 (12) |
| "Lower back pain" | 2 (12) |
| "Arthritis" | 2 (12) |
| "Limited physical mobility" | 2 (12) |

3.4 | Stream profile

A total of 79% (151/191), 12% (23/191), and 9% (17/191) of men possessed single, split, and dribble urinary streams; there were no significant differences in urinary stream types among voiding positions ($p = .78$; Figure 2).

3.5 | Age

Compared to men aged 18–39 and 40–64, men aged greater than 64 possessed a similar prevalence of seated voiding (18% [9/51] vs. 19% [15/78] vs. 14% [8/59], respectively; $p = .55$). Logistic regression between age and voiding position resulted in no significant correlation (regression coefficient = -1.4 ; $p = .69$). Older men reported greater bother with urination ($p = .003$) and lower standing stream quality ($p = .002$). Men aged 18–39 had the highest levels of sitting and standing urination quality.

4 | DISCUSSION

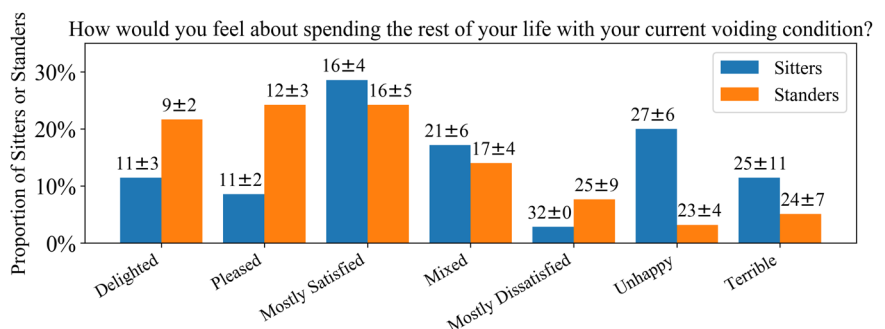
In this study, we found that the prevalence of seated urination in men was 18%. Men who void in a seated position reported a higher proportion of LUTS, a lower

desire to stand, and more physical limitations that affected voiding position preference. Men who void seated also expressed significantly higher bother with voiding compared to men who stand. The most reported reasons for voiding in a seated position included maintaining cleanliness and increased comfort. Urinary stream type was not associated with voiding position, and older aged men reported similar rates of seated urination compared to younger men. Men with seated and standing voiding positions differ in their voiding experiences, and providers should encourage open conversations about voiding behavior to gain insight on urologic health.

Our study is the first to evaluate seated urination in men both with and without LUTS; prior studies have exclusively studied men with LUTS and found a large proportion void seated. In a study of men with orthotopic neobladders, Arai et al.¹⁴ reported 37.7% (23/61) and 19.7% (12/61) of men elected to always and sometimes void seated, respectively. Furthermore, Furukawa et al.¹⁵ found 58% of 37 men with a similar bladder surgery elected to void seated. Both studies, however, are specific to men with bladder replacement and neither study possessed men without LUTS. These reported proportions are higher than the proportion of men with LUTS who void seated in our study, which may be due to the broader range of men in our cohort, as our inclusion criteria were not limited to postsurgical patients.

We found that men with LUTS were more likely to void seated compared to men without LUTS, which may be attributed to previously reported improved maximum urinary flow rate and lower postvoid volume associated with seated voiding in men with LUTS.¹² These improved voiding parameters may be inherent to differences in muscle tone associated with LUTS and benign prostatic hyperplasia.^{12,16,17} Despite favorable aspects of voiding associated with the seated position for men with LUTS, nearly 75% of men with LUTS in our study elected to void standing. This finding may reflect the greater bother that men experience when voiding seated. Other reasons for standing preference may include longstanding habitual voiding practices and lifestyle preferences.

FIGURE 1 Prevalence of bother levels among men who void seated and standing. Mean \pm standard deviation of total International Prostate Symptom Score for each group is reported above its respective column



| Survey question | Odds ratio (95% confidence interval) | p |
|-----------------------------------------------------------------------------------------------------------------------|--------------------------------------|------|
| Good quality of stream when sitting? | 1.1 (0.4–3.0) | .85 |
| Good quality of stream when standing? | 1.0 (0.3–2.9) | .97 |
| LUTS (IPSS score of “moderate” or “severe”)? | 2.5 (0.9–6.5) | .06 |
| Important to you to urinate standing? | 0.1 (0.0–0.5) | .006 |
| Physical limitations inform your decision to sit or stand? | 13.4 (2.3–77.0) | .004 |
| Would you feel mostly dissatisfied or worse about spending the rest of your life with your current voiding condition? | 1.3 (0.4–4.1) | .64 |

Abbreviations: IPSS, International Prostate Symptom Score; LUTS, lower urinary tract symptoms.

TABLE 3 Adjusted odds ratios for the relationship between voiding characteristics and seated voiding

Men overall did not report differences in stream quality between the standing and seated positions, which aligns with reports that no differences in urodynamic parameters, such as flow rate, exist among men without LUTS who void seated and standing.¹² Only 8% of men who void seated denoted better flow as their primary reason for sitting, and urinary stream type did not associate with voiding preference. These findings may suggest that choosing the seated voiding position is not associated with an improved stream. However, Yamanishi et al.⁸ studied urinary flow rate in 21 subjects using a portable uroflowmeter and found urinary flow

rate in the standing position to be greater than that in the sitting position. The authors studied an additional three urination positions (lateral, supine, and prone) and determined urinary flow rate in the prone position to be significantly greater than that in all other positions. Our study used a qualitative questionnaire to assess urinary flow in men who void seated and standing. Further investigation is merited to compare qualitative survey responses with quantitative uroflowmeter measurements in estimating urinary flow rates.

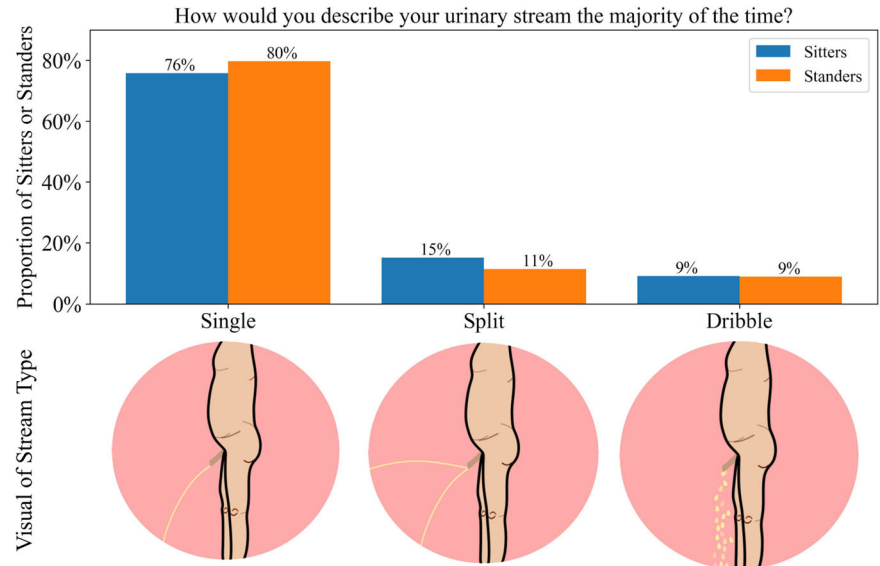
TABLE 4 Reported reasons to void seated from surveyed subjects' open-ended survey responses (*n* = 85)

| Reason for sitting | <i>n</i> (%) |
|--------------------------------|--------------|
| “Standing is messy” | 16 (19) |
| “Easier to sit at night” | 14 (17) |
| “Sitting more comfortable” | 12 (14) |
| “Leads to bowel movements” | 7 (8) |
| “Better flow” | 7 (8) |
| “Read/use phone” | 4 (5) |
| “Easier/relaxing” | 4 (5) |
| “Physical outflow obstruction” | 4 (5) |
| “No dribble” | 3 (4) |
| “Easier to sit in morning” | 3 (4) |
| “Fatigued/lazy” | 3 (4) |
| “Takes less time” | 2 (2) |
| “Obesity” | 2 (2) |
| “Courtesy to others” | 2 (2) |
| “Personal preference” | 2 (2) |

We found no difference in seated preference among younger and older men, which is a surprising finding that contrasts literature reporting older men as both accustomed to and unbothered by voiding seated.^{4–6} However, these studies are anecdotally founded, as clinicians may have increased propensity to recommend older patients for complex surgeries, such as perineal urethrostomy, which do not allow standing voiding.^{18,19} In our study, younger men possessed a greater seated urination quality and placed less importance on voiding standing, suggesting younger men may be more suited for voiding in a seated position. The belief that older men are more comfortable with seated voiding may be rooted in the reluctance of patients to share voiding behavior with healthcare providers.²⁰ Providers should aim for more open conversations about voiding behavior with patients, both older and younger.

Limitations include relatively small sample size and enrollment from a single academic medical center. We recruited participants using convenience sampling, which may limit external validity. Importantly, the majority of participants were patients at an outpatient urology clinic, some of whom had undergone surgery, which further limits the application of our findings to the general population. Moreover, a considerable proportion of men (20%) declined to participate in the study. Future

FIGURE 2 Urinary stream distributions of men voiding in sitting and standing positions. No significant difference was found among voiding position in men with different stream types ($p = .78$)



research should expand the sample demographic to include and characterize men with varying types of LUTS to understand how granular differences in LUTS may alter voiding preferences. Subcategorizing within the IPSS based on incomplete emptying, frequency, and nocturia may explain which aspects of LUTS most affect voiding preference. We were unable to identify transitions in voiding preferences over time or variance of voiding position with the setting (i.e., home vs. work), which may better illuminate the underlying processes governing voiding position. Specifically, men can be strongly influenced by their partners to void in a seated position at home, in comparison to at work. We did not evaluate how trends in seated voiding were affected by participants' significant others, and future work should aim to understand this dynamic and how it varies across sociocultural landscapes. Finally, future studies should investigate the causes of voiding-associated bother, as our study only surveyed reasons for voiding seated.

5 | CONCLUSION

Nearly one in five men in our study report a preference for voiding seated, with increased prevalence in men with LUTS. After multivariate analysis, seated voiding was only associated with physical limitations and no other variables such as stream quality or voiding-associated bother. Moreover, age did not affect the preference for seated urination, which is contrary to anecdotal reports from providers. Choosing a voiding position is multifactorial, depending on a variety of factors including lifestyle and physical limitations. Our findings discourage the use of anecdotal beliefs founded on generalizable characteristics, such as age and stream type, to infer a patient's voiding characteristics. Open dialog with

patients regarding voiding preferences may garner important information regarding a patient's personal preferences for voiding and overall urologic health, which will better inform urologic care.

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REFERENCES

- Palmer MH, Athanasopoulos A, Lee K, Takeda M, Wyndaele J. Sociocultural and environmental influences on bladder health. *Int J Clin Pract.* 2012;66(12):1132-1138.
- Justus JC. Piss stance: Private parts in public places: an analysis of the men's room and gender. *Control Stud Pop Cult.* 2006;28(3):59-70.
- Norg R, Portegijs P, van Schayck CP, Van de Beek C, Knottnerus JA. Please be seated? Position-related differences in voiding in men with lower urinary tract symptoms. *A General Practitioners Approach to Lower Urinary Tract Symptoms*. Maastricht, The Netherlands: Maastricht University; 2008.
- Peterson AC, Webster GD. Management of urethral stricture disease: developing options for surgical intervention. *BJU Int.* 2004;94(7):971-976.
- Myers JB, Porten SP, McAninch JW. The outcomes of perineal urethrostomy with preservation of the dorsal urethral plate and urethral blood supply. *Urology.* 2011;77(5):1223-1227.
- Kamat N. Perineal urethrostomy stenosis repair with buccal mucosa: description of technique and report of four cases. *Urology.* 2008;72(5):1153-1155.
- Al-Hayek S, Belal M, Abrams P. Does the patient's position influence the detection of detrusor overactivity? *NeuroUrol Urodyn.* 2008;27(4):279-286.

8. Yamanishi T, Yasuda K, Sakakibara R, et al. Variation in urinary flow according to voiding position in normal males. *Neurourol Urodyn*. 1999;18(6):553-557.
9. Özgürbüz N, Eser I. Effects of voiding in standing and sitting positions on uroflowmetric parameters and post-void residual urine in boys. *Urol Nurs*. 2018;38(2):67-72.
10. Choudhury S, Agarwal MM, Mandal AK, et al. Which voiding position is associated with lowest flow rates in healthy adult men? Role of natural voiding position. *Neurourol Urodyn*. 2010;29(3):413-417.
11. Khan RN, Zaidi SZ. Comparison of position-related changes on uroflowmetric parameters in healthy young men. *J Pak Med Assoc*. 2017;67(6):839-842.
12. de Jong Y, Pinckaers JHFM, et al. Urinating standing versus sitting: position is of influence in men with prostate enlargement. A systematic review and meta-analysis. *PLoS One*. 2014;9(7):e101320.
13. Tam CA, Elliott SP, Voelzke BB, et al. The International Prostate Symptom Score (IPSS) is an inadequate tool to screen for urethral stricture recurrence after anterior urethroplasty. *Urology*. 2016;95:197-201.
14. Arai Y, Taki Y, Kawase N, et al. Orthotopic ileal neobladder in male patients: functional outcomes of 66 cases. *Int J Urol*. 1999;6(8):388-392.
15. Furukawa T, Hattori R, Kinukawa T, et al. Long-term results and quality of life of hemi-Kock orthotopic ileal neobladder after radical cystectomy. *Hinyokika Kyo*. 1998;44(7):461-467.
16. Aghamir SMK, Mohseni M, Arasteh S. The effect of voiding position on uroflowmetry findings of healthy men and patients with benign prostatic hyperplasia. *Urol J*. 2005;2:216-221.
17. Amjadi M, Madaen SK, Pour-Moazen M. Uroflowmetry findings in patients with bladder outlet obstruction symptoms in standing and crouching positions. *Urol J*. 2006;3:49-53.
18. Peterson AC, Palminteri E, Lazzeri M, Guanzoni G, Barbagli G, Webster GD. Heroic measures may not always be justified in extensive urethral stricture due to lichen sclerosus (balanitis xerotica obliterans). *Urology*. 2004;64(3):565-568.
19. Myers JB, McAninch JW. Perineal urethrostomy. *BJU Int*. 2011;107(5):856-865.
20. Holmes-Rovner M, Price C, Rovner DR, et al. Men's theories about benign prostatic hyperplasia and prostate cancer following a benign prostatic hyperplasia decision aid. *J Gen Intern Med*. 2006;21(1):56-60.

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APPENDIX**MALE VOIDING BEHAVIOR SURVEY**

1 With what gender do you identify?

- Male
 Female
 other

2 What is your age?

 (age in years)

3 With what race(s) do you identify?

- African American
 White
 Asian
 Native American
 Hispanic
 Other
 Prefer not to answer

4 Are you circumcised?

- Yes
 No

5 Please check-mark any true statements:

- A doctor told me I have an enlarged prostate
 I currently use medicines to help urination
 I have had surgery to improve my urination
 I have been diagnosed with prostate cancer
 I have had surgery for prostate cancer
 I have had radiation for prostate cancer
 I have had other types of treatment for prostate cancer
 I have had a surgical implant/device to aid my urination
 I have had a urinary drainage catheter for >7 days

6 How would you describe your urinary stream the majority of the time?

- split stream
 single stream
 dribbling stream

7 How important to you is standing to urinate?

- Not important at all
 Mildly important
 Moderately important
 Very important
 Extremely important

8 When standing, how often does the urine miss the toilet?

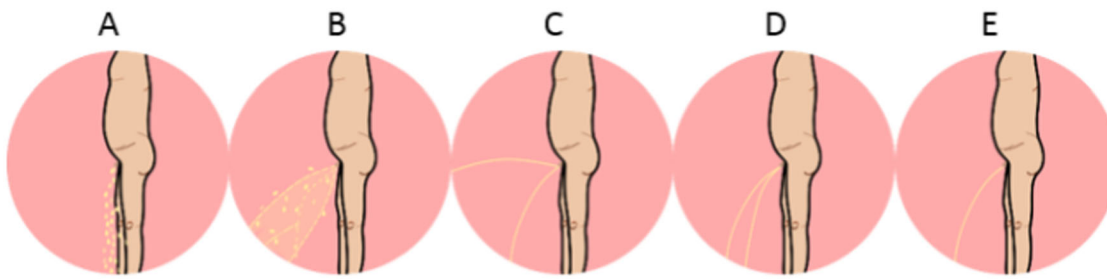
- Not at All
 Less than 1 in 5 Times
 Less than Half the Time
 About Half the Time
 More than Half the Time
 Almost Always

9 When standing how often does your leg, scrotum, or pants get wet during the act of voiding?

- Not at All
 Less than 1 in 5 Times
 Less than Half the Time
 About Half the Time
 More than Half the Time
 Almost Always

-
- 10 After either sitting or standing, how often do you have dribble of urine following urination that wets the underwear?
- Not at All
 - Less than 1 in 5 Times
 - Less than Half the Time
 - About Half the Time
 - More than Half the Time
 - Almost Always
-
- 11 How often do you elect to sit to urinate? (do not count when having a bowel movement)
- Not at All
 - Less than 1 in 5 Times
 - Less than Half the Time
 - About Half the Time
 - More than Half the Time
 - Almost Always
-
- 12 Why do you elect to sit to urinate?
- _____
-
- 13 Overall, how would you rate the quality of your urination when sitting?
- Very Poor
 - Poor
 - Neutral
 - Good
 - Very Good
-
- 14 Overall, how would your rate the quality of your stream when standing?
- Very Poor
 - Poor
 - Neutral
 - Good
 - Very Good
-
- 15 How much does physical limitation (arthritis, pain, recent surgery, speed of movement) inform your decision to sit or stand?
- Not at All
 - Less than 1 in 5 Times
 - Less than Half the Time
 - About Half the Time
 - More than Half the Time
 - Almost Always
-
- 16 What is your particular physical limitation?
- _____
-
- 17 When are issues with the stream at their worst?
- I never have problems
 - Primarily in the morning (5 am to 10 am)
 - Primarily mid-day (10 am to 2 pm)
 - Primarily in the afternoon (2 pm to 6 pm)
 - Primarily in the evening (6 pm to bedtime)
 - Primarily during the night
 - Multiple Times Daily
 - All times daily

Spray Types



18 Look at the pictures above: At its worst what does your stream most appear like:

- A
 B
 C
 D
 E
 None of these

19 Look at the pictures above, At its best what does your stream most appear like:

- A
 B
 C
 D
 E
 None of these

20 In the past month, How often have you had the sensation of not emptying your bladder? (Incomplete Emptying)

- Not at All
 Less than 1 in 5 Times
 Less than Half the Time
 About Half the Time
 More than Half the Time
 Almost Always

21 How often have you had to urinate less than every two hours? (Frequency)

- Not at All
 Less than 1 in 5 Times
 Less than Half the Time
 About Half the Time
 More than Half the Time
 Almost Always

22 How often have you found you stopped and started again several times when you urinated? (Intermittency)

- Not at All
 Less than 1 in 5 Times
 Less than Half the Time
 About Half the Time
 More than Half the Time
 Almost Always

23 In the last month, how often have you found it difficult to postpone urination? (Urgency)

- Not at All
 Less than 1 in 5 Times
 Less than Half the Time
 About Half the Time
 More than Half the Time
 Almost Always

24 In the last month, how often have you had a weak urinary stream?

- Not at All
- Less than 1 in 5 Times
- Less than Half the Time
- About Half the Time
- More than Half the Time
- Almost Always

25 How often have you had to strain to start urination?

- Not at All
- Less than 1 in 5 Times
- Less than Half the Time
- About Half the Time
- More than Half the Time
- Almost Always

26 In the last month, how many times did you typically get up at night to urinate? (Nocturia)

- None
- 1 Time
- 2 Times
- 3 Times
- 4 Times
- 5 Times

27 If you were to spend the rest of your life with your urinary condition just the way it is now, how would you feel about that?

- Delighted
- Pleased
- Mostly Satisfied
- Mixed
- Mostly Dissatisfied
- Unhappy
- Terrible