

OAB Questionnaire

This questionnaire asks how much you have been bothered by selected bladder symptoms and how these symptoms have affected your life during the last 4 weeks. Please place a ✓ in the box that best describes the extent to which you were bothered by each symptom or how these symptoms affected your life in the past 4 weeks. There are no right or wrong answers. Please be sure to answer every question.

During the past 4 weeks, how bothered were you by...	Not at all	A little bit	Somewhat	Quite a bit	A great deal	A very great deal
1. An uncomfortable urge to urinate?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
2. A sudden urge to urinate with little or no warning?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
3. Accidental loss of small amounts of urine?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
4. Nightmare urination?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
5. Waking up at night because you had to urinate?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
6. Urine loss associated with a strong desire to urinate?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

During the past 4 weeks, how often have your bladder symptoms...	None of the time	A little of the time	Some of the time	A good bit of the time	Most of the time	All of the time
1. Caused you to plan "escape routes" to restrooms in public places?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
2. Made you feel like there is something wrong with you?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
3. Interfered with your ability to get a good night's rest?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
4. Made you frustrated or annoyed about the amount of time you spend in the restroom?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
5. Made you avoid activities away from restrooms (i.e., walks, running, hiking)?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
6. Awakened you during your sleep?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
7. Caused you to decrease your physical activities (exercising, sports, etc.)?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
8. Caused you to have problems with your partner or spouse? <input type="checkbox"/> No partner or spouse	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
9. Made you uncomfortable while traveling with others because of needing to stop for a restroom?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
10. Affected your relationship with family and friends?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
11. Interfered with getting the amount of sleep you needed?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
12. Caused you embarrassment?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
13. Caused you to locate the closest restroom as soon as you arrive at a place you have never been?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

Current therapy for Urge Urinary Incontinence:

- | | |
|--|--|
| <input type="checkbox"/> eCoin | <input type="checkbox"/> PTNS (Lower leg needle) |
| <input type="checkbox"/> Nothing | <input type="checkbox"/> OnabotulinumtoxinA (Bladder injections) |
| <input type="checkbox"/> TENS Unit | <input type="checkbox"/> PNE (Back nerve testing) |
| <input type="checkbox"/> Bladder Medication: _____ | <input type="checkbox"/> SNM (Buttock implant) |



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The eCoin Peripheral Neurostimulator (“eCoin”) is part of the eCoin Peripheral Neurostimulator System (“eCoin System”) including device accessories. Indications: The eCoin is intended to be used to treat urgency urinary incontinence in patients intolerant to or having an inadequate response to other more conservative treatments or who have undergone a successful trial of percutaneous tibial nerve stimulation. **Contraindications:** The eCoin is contraindicated for the following patients: • Poor Surgical Candidates: The eCoin should not be implanted in patients who are poor surgical candidates. Poor surgical candidates include those who have open wounds or sores on the lower leg or foot; had prior surgery in the implant area; had previous, unhealed trauma in the implant area; pitting edema ($\geq 2+$) in the lower leg; venous disease/insufficiency in the lower leg; arterial disease/insufficiency in the lower leg; vasculitis or dermatologic conditions in the lower leg, infections near the implantation site in the lower leg. • Patient cannot properly operate the Patient Controller Magnets and paper tape for use in the event of unintended or unwanted stimulation. **Warnings:** Full-body security scanners used by the TSA are considered safe in patients that have a stimulator. The eCoin is MRI Conditional. It is not safe to have a patient’s lower leg placed in an MRI machine. For a complete list of warnings, precautions, and potential adverse events, refer to the eCoin Physician or Patient Manual or visit www.ecoin.us/safety. Rx only.

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