**Overactive bladder symptom scores (OABSS)**

How often do you experience the following symptoms? Please circle the score that best applied to your urinary condition during the past week.

| Item                                                                 | Score | Frequency                  |
|----------------------------------------------------------------------|-------|----------------------------|
| Q1. How often do you typically urinate, from waking in the morning until sleeping at night? | 0     | ≤7 times                   |
|                                                                      | 1     | 8–14 times                 |
|                                                                      | 2     | ≥15 times                  |
| Q2. How often do you typically wake up to urinate, from sleeping at night until waking in the morning? | 0     | None                       |
|                                                                      | 1     | Once                       |
|                                                                      | 2     | 2 times                    |
|                                                                      | 3     | ≥3 times                   |
| Q3. How often do you have a sudden desire to urinate, which is difficult to defer? | 0     | None                       |
|                                                                      | 1     | Less than once a week      |
|                                                                      | 2     | Once a week or more        |
|                                                                      | 3     | About once a day           |
|                                                                      | 4     | 2–4 times a day            |
|                                                                      | 5     | ≥5 times a day             |
| Q4. How often do you leak urine because you cannot defer the sudden desire to urinate? | 0     | None                       |
|                                                                      | 1     | Less than once a week      |
|                                                                      | 2     | Once a week or more        |
|                                                                      | 3     | About once a day           |
|                                                                      | 4     | 2–4 times a day            |
|                                                                      | 5     | ≥5 times a day             |

**Overall scores**

OAB was defined as urinary urgency once a week or more (Q2 ≥ 2) and total score of OABSS ≥ 3.

**Interpretation of overall scores**

≥5, mild
6–11, moderate
≥12, severe

This is just a scoring symptom so if you have any urinary symptoms please consult with the physician.