

Side-effect Questionnaire

Name: _____

ID: _____

Day of treatment: . _____

Treatment nr: _____ Dwell-time: _____ minutes

1. How often did you have to void after treatment (frequency)?

- Normal
- More than normal
- Every other hour
- Once every hour
- Several times every hour

2. When were your voiding normally again?

- Normal all the time
- In six hours
- In twelve hours
- In twenty-four hours
- Two days later
- Three days later
- More than three days later

3. Chills?

- No
- Yes

4. Fever?

- No
- Yes Temperature: _____ °C

5. Nausea?

- No
- Yes

6. Dysuria?

- No
- Yes

If yes, for how long?

- About six hours
- About twelve hours
- About twenty-four hours
- For two days
- For three days
- More than three days later

7. Haematuria?

- No
- Yes

For how many days: _____

8. When were you back to normal after the treatment?

- After six hours
- After twelve hours
- After twenty-four hours
- After two days
- After three days
- After more than three days

9. Any other symptoms that you would like to discuss?
