

TANGO NOCTURIA SCREEN

Affix Patient Bradma

Age: _____ Gender: _____

Number of times wake up at night to urinate? _____

Place an 'X' beside each statement to indicate whether or not it is true for you. **True** **False**

		True	False
CARDIO / METABOLIC	My ankles, feet or legs swell during the day.	<input type="checkbox"/>	<input type="checkbox"/>
	I take fluid tablets (e.g. Lasix).	<input type="checkbox"/>	<input type="checkbox"/>
	I have kidney disease.	<input type="checkbox"/>	<input type="checkbox"/>
	I take tablets to control my blood pressure.	<input type="checkbox"/>	<input type="checkbox"/>
	I often get dizzy when standing up.	<input type="checkbox"/>	<input type="checkbox"/>
	I have high blood sugar OR diabetes.	<input type="checkbox"/>	<input type="checkbox"/>
	My blood sugar levels are difficult to keep stable.	<input type="checkbox"/>	<input type="checkbox"/>
SLEEP	I have 5 hours or less sleep per night.	<input type="checkbox"/>	<input type="checkbox"/>
	I would describe my sleep quality as <i>bad</i> .	<input type="checkbox"/>	<input type="checkbox"/>
	It takes me longer than 30 minutes to fall asleep at night.	<input type="checkbox"/>	<input type="checkbox"/>
	I have difficulty staying asleep at night because of my bladder.	<input type="checkbox"/>	<input type="checkbox"/>
	I often experience pain at night.	<input type="checkbox"/>	<input type="checkbox"/>
	I have been told I snore loudly OR stop breathing at night.	<input type="checkbox"/>	<input type="checkbox"/>
URINARY TRACT	I need to get up to pass urine within 3 hours of going to sleep.	<input type="checkbox"/>	<input type="checkbox"/>
	I experience a sudden urge to urinate on most days.	<input type="checkbox"/>	<input type="checkbox"/>
	I have a bladder urgency accident once a week or more.	<input type="checkbox"/>	<input type="checkbox"/>
	I often need to strain or push to start urinating.	<input type="checkbox"/>	<input type="checkbox"/>
	I have an enlarged prostate gland. (MALES ONLY)	<input type="checkbox"/>	<input type="checkbox"/>
WELLBEING	In general, I would say that my health is <i>not good</i> .	<input type="checkbox"/>	<input type="checkbox"/>
	I have trouble staying awake while driving, eating or during social activities.	<input type="checkbox"/>	<input type="checkbox"/>
	I have had a fall in the last 3 months.	<input type="checkbox"/>	<input type="checkbox"/>
	I don't look forward to things with as much enjoyment as I used to.	<input type="checkbox"/>	<input type="checkbox"/>

¹ Bower WF et al. TANGO - a screening tool to identify comorbidities on the causal pathway of Nocturia. BJU Int. 2017;119(6):933-41.

² Rose GE et al. Reliability testing of the TANGO Short-Form nocturia screening tool. ANZCJ. 2017; 23(3):68-74.