

# TANGO NOCTURIA SCREEN

Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Number of times wake up at night to urinate? \_\_\_\_\_

*Affix Patient Label*

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

	True	False
<b>CARDIO / METABOLIC</b>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
<b>SLEEP</b>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
<b>URINARY TRACT</b>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
<b>WELLBEING</b>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<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.