



PTNS Satisfaction survey

Please complete the questions to describe your experience of PTNS:

The treatment is comfortable to have

Strongly Disagree---1-----2-----3-----4-----5-----6-----7---Strongly Agree

The treatment improved my bladder symptoms

Strongly Disagree---1-----2-----3-----4-----5-----6-----7---Strongly Agree

Overall I am satisfied with the treatment

Strongly Disagree---1-----2-----3-----4-----5-----6-----7---Strongly Agree

I would recommend the treatment to a friend for this use

Strongly Disagree---1-----2-----3-----4-----5-----6-----7---Strongly Agree

I would like to continue with this treatment

Yes/No