

Patient Assessment Questionnaire

For each question below, please circle the answer that best describes how you feel today.

The last 2 columns on the right are for your doctor to assess your answers. Please do not mark anything in these columns.

Patient's Name: _____

Today's date: _____

| | | 0 | 1 | 2 | 3 | 4 | SYMPTOM SCORE | BOTHER SCORE |
|---|--|-------|--------------|----------|--------|-----|---------------|--------------|
| 1 | How many times do you go to the bathroom during the day? | 3-6 | 7-10 | 11-14 | 15-19 | 20+ | | |
| 2 | a. How many times do you go to the bathroom at night? | 0 | 1 | 2 | 3 | 4+ | | |
| | b. If you get up at night to go to the bathroom, does it bother you? | Never | Mildly | Moderate | Severe | | | |
| 3 | Are you sexually active? YES ____ NO ____ | | | | | | | |
| 4 | a. IF YOU ARE SEXUALLY ACTIVE, do you now or have you ever had pain or symptoms during or after intercourse? | Never | Occasionally | Usually | Always | | | |
| | b. If you have pain, does it make you avoid sexual intercourse? | Never | Occasionally | Usually | Always | | | |
| 5 | Do you have pain associated with your bladder or in your pelvis: (vagina, lower abdomen, urethra, perineum)? | Never | Occasionally | Usually | Always | | | |
| 6 | Do you have urgency after going to the bathroom? | Never | Occasionally | Usually | Always | | | |
| 7 | a. If you have pain, is it usually... | | Mild | Moderate | Severe | | | |
| | b. Does your pain bother you? | Never | Occasionally | Usually | Always | | | |
| 8 | a. If you have urgency, is it usually... | | Mild | Moderate | Always | | | |
| | b. Does your urgency bother you? | Never | Occasionally | Usually | Always | | | |
| SYMPTOMS SCORE (1, 2a, 4a, 5, 6, 7a, 8a) -SUBTOTAL | | | | | | | | |
| BOTHER SCORE (2b, 4b, 7b, 8b) - SUBTOTAL | | | | | | | | |
| TOTAL SCORE (Symptom Score + Bother Score) | | | | | | | | |