



# Urodynamics Patient Assessment Questionnaire

For each question below, please circle the answer that best describes how you feel. The last two columns on the right are for your doctor to assess your score. Please do not mark 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+		
2a	How many times do you go to the bathroom at night?	0	1	2	3	4+		
2b	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 _____							
4a	If you are sexually active, do you now or have you ever had pain or symptoms during or after sexual intercourse?	Never	Occasionally	Usually	Always			
4b	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)	Never	Occasionally	Usually	Always			
6	Do you have urgency after going to the bathroom?	Never	Occasionally	Usually	Always			
7a	If you have pain is it usually.....		Mild	Moderate	Severe			
7b	Does your pain bother you?	Never	Occasionally	Usually	Always			
8a	If you have urgency, is it usually....		Mild	Moderate	Severe			
8b	Does your urgency bother you?	Never	Occasionally	Usually	Always			
9	Do you lose urine if you laugh, cough or sneeze?	Never	Occasionally	Usually	Always			
10	Has the loss of urine ever been embarrassing?	Never	Occasionally	Usually	Always			
11	Do you lose urine during sex?	Never	Occasionally	Usually	Always			
12	Do you use protection (such a mini-pads, etc.) to prevent embarrassment?	Never	Occasionally	Usually	Always			
Symptom Score (1, 2a, 4a, 5, 6, 7a, 8a, 9, 10, 11, 12) Subtotal								
Bother Score (2b, 4b, 7b, 8b) Subtotal								
Total Score (Symptom Score + Bother Score) =								