

Date:

This questionnaire will help us to assess your urinary symptoms and decide on the best treatment for you. You may be asked to complete this form at subsequent clinic visits in order to reassess your symptoms at that time.

**Please answer the following questions about your urinary symptoms**

Over the past month how often have you....	Not at all	Less than 1 time in 5	Less than half the time	About half the time	More than half the time	Almost always	Your Score
1...had the sensation of not emptying your bladder completely after you finish urinating?	0	1	2	3	4	5	
2...had to urinate again less than two hours after you finished urinating?	0	1	2	3	4	5	
3...stopped and started again several times when you urinated?	0	1	2	3	4	5	
4...found it difficult to postpone urination?	0	1	2	3	4	5	
5...had a weak urinary stream?	0	1	2	3	4	5	
6...had to push or strain to begin urination?	0	1	2	3	4	5	
<b>And finally.....</b>	<b>None</b>	<b>Once</b>	<b>Twice</b>	<b>3 times</b>	<b>4 times</b>	<b>5 times or more</b>	
7. Over the past month, how many times did you most typically get up to urinate from the time you went to bed at night to the time you got up in the morning?	0	1	2	3	4	5	
<b>Add up your total score and write it in the box.</b>							<b>Total</b>

**Quality of life due to urinary symptoms**

If you were to spend the rest of your life with your urinary condition the way it is today how would you feel about that? (Please tick which best describes how you would feel.)

- Delighted  0
- Pleased  1
- Mostly Satisfied  2
- Mixed - about equally satisfied and dissatisfied  3
- Mostly dissatisfied  4
- Unhappy  5
- Terrible  6

**Total Score:**

<b>Symptoms</b>	<b>QOL</b>

To be completed by clinician

QMAX:

Residual Volume:

### Medical Management

- Treatment started in Primary Care -single medical  
 Post treatment - single medical  
 Post treatment - combination medical  
 Other

### Consultant Firm:

- PJG  
 GSM  
 CAC  
 MES  
 MCD

### Timing of this appointment:

- Pre medical treatment  
 3 months since medical treatment  
 6 months since medical treatment  
 12 months since medical treatment  
 >12 months since medical treatment  
 Discharged at this appointment

### Surgical Management

#### Operation:

- TURP  
 Laser  
 BNI  
 Urethrotomy  
 Urethral Dilatation

#### Operating Surgeon:

- PJG  
 GSM  
 CAC  
 MES  
 MCD  
 SpR  
 Other

### Timing of this appointment

- Pre surgical treatment  
 3 months since surgical treatment  
 6 months since surgical treatment  
 12 months since surgical treatment  
 >12 months since surgical treatment  
  
 Discharged at this appointment

**NB: Clinicians - Please enter total IPSS score, QMAX and Residual Volume (see overleaf) in the notes and return completed forms in marked folder to the urology office for processing**