

## SYMPTOM SCORE SHEET

Please circle the correct response for you and enter your score in the far right box for all SEVEN questions

Symptom	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
<b>Weak Stream:</b> Over the last month, how often do you have a weak stream when you pass urine?	0	1	2	3	4	5	
<b>Incomplete Emptying:</b> Over the last month, how often have you had the sensation of not emptying your bladder completely after you have finished?	0	1	2	3	4	5	
<b>Frequency:</b> Over the last month, how often have you had to urinate again, less than two hours after you finished urinating?	0	1	2	3	4	5	
<b>Intermittency:</b> Over the past month, how often have you stopped and started several times when you urinated?	0	1	2	3	4	5	
<b>Urgency:</b> Over the past month, how often have you felt the need to rush to the toilet to pass urine?	0	1	2	3	4	5	
<b>Straining:</b> Over the past month, how often have you had to push or strain to begin urinating?	0	1	2	3	4	5	
<b>Nocturia:</b> Over the past month, how often would you get up at night to pass urine?	None 0	1 time 1	2 times 2	3 times 3	4 times 4	5 times 5	
<b>TOTAL SCORE</b>	>	>	>	>	>	>	

**Quality of life due to urinary symptoms:** If you had to spend the rest of your life with your urinary problem as it is now, how would you feel about it? Please circle the one that best applies to you.

Pleased	Mostly satisfied	Mixed	Mostly dissatisfied	Unhappy
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**Stress Leakage:** Over the past month, how often did you leak urine when you coughed, sneezed or made a sudden movement?

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
0	1	2	3	4	5

**Urge Leakage:** Over the past month, how often did you leak urine because you were unable to stop the urge to pass urine?

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
0	1	2	3	4	5