

Patient's Name _____

Date _____

The questions below ask about how bothered you may be by some bladder symptoms. Some people are bothered by bladder symptoms and may not realize that there are treatments available for their symptoms. Please circle the number that best describes how much you have been bothered by each symptom. Add the numbers together for a total score and record the score in the boxes provided at the bottom.

How bothered have you been by:	Not at all	A little bit	Some-what	Quite a bit	A great deal	A very great deal
1.) Frequent urination during the daytime hours?	0	1	2	3	4	5
2.) An uncomfortable urge to urinate?	0	1	2	3	4	5
3.) A sudden urge to urinate with little or no warning?	0	1	2	3	4	5
4.) Accidental loss of small amounts of urine?	0	1	2	3	4	5
5.) Nighttime urination?	0	1	2	3	4	5
6.) Waking up at night because you had to urinate?	0	1	2	3	4	5
7.) An uncontrollable urge to urinate?	0	1	2	3	4	5
8.) Urine loss associated with a strong desire to urinate?	0	1	2	3	4	5

Please add up your responses to the questions above: