Urological Associates, P.C.
of the Iowa and Illinois Quad-Cities Region

Patient Name: _____ Chart: _____ Date: _____

Questions: Put a mark in the appropriate box	Not At All (0)	Less than 1 in 5 voids (1)	Less than 1/2 the time (2)	About 1/2 the time (3)	More than half the time (4)	Almost Always (5)
Incomplete Emptying: After voiding, how often do you feel as though your bladder is ***NOT*** completely empty?	☐	☐	☐	☐	☐	☐
Frequency: How often do you have to void in less than two hours?	☐	☐	☐	☐	☐	☐
Intermittency: How often does your stream start and stop while voiding?	☐	☐	☐	☐	☐	☐
Urgency: How often do you find it difficult to postpone voiding?	☐	☐	☐	☐	☐	☐
Weak Stream: How often do you have a weak stream?	☐	☐	☐	☐	☐	☐
Straining: How often do you push/strain/bear down to begin voiding?	☐	☐	☐	☐	☐	☐
Nocturia: How many times do you typically get up at night to void?	☐ Never	☐ Once	☐ Twice	☐ Three	☐ Four	☐ Five or More

Total Score: _____

Mild Symptoms: 0-7 Moderate Symptoms: 8-19 Severe Symptoms: 20-35

Quality of Life:	Delighted	Pleased	Mostly Satisfied	Equally Satisfied as Dissatisfied	Mostly Dissatisfied	Unhappy	Terrible
How would you feel if you spent the rest of your life with your urinary condition the way it is now?	☐	☐	☐	☐	☐	☐	☐

Updated: November 2020