

Patient ID: \_\_\_\_\_

Reviewer ID: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
*month day year*

## Symptom Questionnaire

1. Over the last 4 weeks, how severe have your urinary symptoms been? *(Please circle one number)*

Not at All                      Somewhat                      Extremely  
 1                                      2                                      3                                      4                                      5

2. Over the past 4 weeks, how often have you had any of the following:

	Always (4)	Frequently (3)	Sometimes (2)	Rarely (1)	Never (0)
a. The urge to urinate such that if you do not rush to the bathroom you feel that you will wet yourself					
b. The urge to urinate such that if you do not rush to the bathroom you feel that you will not be able to bear it					
c. Difficulty in starting your urinary stream					
d. Visible blood in your urine					
e. Burning or pain during urination					
f. Involuntary loss of urine due to coughing, sneezing or other activity					
g. Involuntary loss of urine due to not being able to get to the bathroom quickly enough					
h. Pain increasing when your bladder fills					
i. Pain relieved by urination					

**L** Please go to the next page.

3. How many times, on average, **over the past 4 weeks**, did you urinate during your **awake period** (*This is from the time you get up in the morning until you go to bed at night*)?
- <sub>1</sub> less than 5 times
- <sub>2</sub> 5-10 times
- <sub>3</sub> 11-15 times
- <sub>4</sub> more than 15 times
4. On average, **over the last 4 weeks**, how many times did you **awaken at night** to urinate (*This is from the time you go to bed at night until you get up for the next day*)?
- <sub>1</sub> 0-1 times
- <sub>2</sub> 2-3 times
- <sub>3</sub> 4-7 times
- <sub>4</sub> more than 7 times
5. How many times, on average, **over the past 4 weeks**, did you urinate in a **24 hour period**?
- <sub>1</sub> less than 5 times
- <sub>2</sub> 5-10 times
- <sub>3</sub> 11-15 times
- <sub>4</sub> more than 15 times
6. Have you had any **pain or discomfort** associated with your urinary symptoms during the last 4 weeks?
- <sub>1</sub> yes
- <sub>0</sub> no **L** (*Please go to question 15 on page 11.*)

**L** Please go to the next page.

7. Have you had pain or discomfort in your **urethra** during the last 4 weeks?

<sub>1</sub> yes

<sub>0</sub> no **L** (Please go to question 8.)

**If yes,**

a. Do any of the following words describe the pain/discomfort in your urethra **during the last 4 weeks?**

	Yes (1)	No (0)
dull		
aching		
bloating		
pressure		
stabbing		
sharp		
spasms		
burning		

b. How would you describe the **persistence** of the pain/discomfort in your urethra **during the last 4 weeks?** (Please put an **X** in the correct box )

<sub>1</sub> intermittent (comes and goes)

<sub>2</sub> constant

c. How would you describe the **intensity** of the pain/discomfort in your urethra **during the last 4 weeks?** (Please put an **X** in the correct box )

<sub>1</sub> mild

<sub>2</sub> moderate

<sub>3</sub> severe

**L** Please go to the next page.

8. Have you had pain or discomfort in your **lower back** during the last 4 weeks?

<sub>1</sub> yes

<sub>0</sub> no **L** (Please go to question 9.)

**If yes,**

a. Do any of the following words describe the pain/discomfort in your lower back **during the last 4 weeks?**

	Yes (1)	No (0)
dull		
aching		
bloating		
pressure		
stabbing		
sharp		
spasms		
burning		

b. How would you describe the **persistence** of the pain/discomfort in your lower back **during the last 4 weeks?** (Please put an **X** in the correct box )

<sub>1</sub> intermittent (comes and goes)

<sub>2</sub> constant

c. How would you describe the **intensity** of the pain/discomfort in your lower back **during the last 4 weeks?** (Please put an **X** in the correct box )

<sub>1</sub> mild

<sub>2</sub> moderate

<sub>3</sub> severe

**L** Please go to the next page.

9. Have you had pain or discomfort in your **lower abdomen** during the last 4 weeks?

<sub>1</sub> yes

<sub>0</sub> no **L** (Please go to question 10.)

**If yes,**

a. Do any of the following words describe the pain/discomfort in your lower abdomen **during the last 4 weeks?**

	Yes (1)	No (0)
dull		
aching		
bloating		
pressure		
stabbing		
sharp		
spasms		
burning		

b. How would you describe the **persistence** of the pain/discomfort in your lower abdomen **in the last 4 weeks?**  
(Please put an **X** in the correct box )

<sub>1</sub> intermittent (comes and goes)

<sub>2</sub> constant

c. How would you describe the **intensity** of the pain/discomfort in your lower abdomen **in the last 4 weeks?**  
(Please put an **X** in the correct box )

<sub>1</sub> mild

<sub>2</sub> moderate

<sub>3</sub> severe

**L** Please go to the next page.

10. Have you had pain or discomfort in your **rectum** during the last 4 weeks?

- <sub>1</sub> yes  
<sub>0</sub> no **L** (Please go to question 11.)

**If yes,**

a. Do any of the following words describe the pain/discomfort in your rectum **during the last 4 weeks?**

	Yes (1)	No (0)
dull		
aching		
bloating		
pressure		
stabbing		
sharp		
spasms		
burning		

b. How would you describe the **persistence** of the pain/discomfort in your rectum **during the last 4 weeks?**

(Please put an **X** in the correct box )

- <sub>1</sub> intermittent (comes and goes)  
<sub>2</sub> constant

c. How would you describe the **intensity** of the pain/discomfort in your rectum **during the last 4 weeks?**

(Please put an **X** in the correct box )

- <sub>1</sub> mild  
<sub>2</sub> moderate  
<sub>3</sub> severe

**L** Please go to the next page.

11. (Women only ♀) Have you had pain or discomfort in your **vagina** during the last 4 weeks?

- <sub>1</sub> yes  
<sub>0</sub> no **L** (Please go to question 13.)

**If yes,**

a. Do any of the following words describe the pain/discomfort in your vagina **during the last 4 weeks?**

	Yes (1)	No (0)
dull		
aching		
bloating		
pressure		
stabbing		
sharp		
spasms		
burning		

b. How would you describe the **persistence** of the pain/discomfort in your vagina **during the last 4 weeks?**

(Please put an **X** in the correct box )

- <sub>1</sub> intermittent (comes and goes)  
<sub>2</sub> constant

c. How would you describe the **intensity** of the pain/discomfort in your vagina **during the last 4 weeks?**

(Please put an **X** in the correct box )

- <sub>1</sub> mild  
<sub>2</sub> moderate  
<sub>3</sub> severe

**L** Please go to the next page.

12. (**Men only**) Have you had pain or discomfort in your **perineum** (the area between your scrotum and your rectum) during the last 4 weeks?

<sub>1</sub> yes

<sub>0</sub> no **L** (Please go to question 13.)

**If yes,**

a. Do any of the following words describe the pain/discomfort in your perineum **during the last 4 weeks?**

	Yes (1)	No (0)
dull		
aching		
bloating		
pressure		
stabbing		
sharp		
spasms		
burning		

b. How would you describe the **persistence** of the pain/discomfort in your perineum **during the last 4 weeks?**  
(Please put an **X** in the correct box )

<sub>1</sub> intermittent (comes and goes)

<sub>2</sub> constant

c. How would you describe the **intensity** of the pain in your perineum **during the last 4 weeks?**  
(Please put an **X** in the correct box )

<sub>1</sub> mild

<sub>2</sub> moderate

<sub>3</sub> severe

**L** Please go to the next page.



13. Over the last 4 weeks, have you had pain or discomfort associated with your urinary symptoms in **any other area** of your body?

<sub>1</sub> yes

<sub>0</sub> no **L** (Please go to question 14.)

If yes, where is this pain or discomfort located? \_\_\_\_\_  
(please be specific)

a. Do any of the following words describe the pain/discomfort in this area **during the last 4 weeks**?

	Yes (1)	No (0)
dull		
aching		
bloating		
pressure		
stabbing		
sharp		
spasms		
burning		

b. How would you describe the **persistence** of your pain/discomfort in this area **during the last 4 weeks**?  
(Please put an **X** in the correct box )

<sub>1</sub> intermittent (comes and goes)

<sub>2</sub> constant

c. How would you describe the **intensity** of your pain/discomfort in this area **during the last 4 weeks**? (Please put an **X** in the correct box )

<sub>1</sub> mild

<sub>2</sub> moderate

<sub>3</sub> severe

**L** Please go to the next page.

14. People agree that the following 5 words represent pain or discomfort of increasing intensity or strength. They are:

- 1                      2                      3                      4                      5  
 Mild              Discomforting      Distressing              Horrible              Excruciating

In the table below choose one of the above words to answer each question. Please place an **X** in the column under the correct word describing how strong your pain is.

**Strength of Pain**

	Does not apply (0)	Mild (1)	Discomforting (2)	Distressing (3)	Horrible (4)	Excruciating (5)
a. How would you describe your pain right now?						
b. How would you describe your pain at its worst <b>during the last 4 weeks?</b>						
c. How would you describe your pain when it is at its least <b>during the last 4 weeks?</b>						
d. How would you describe the worst toothache you ever had?						
e. How would you describe the worst headache you ever had?						
f. How would you describe the worst stomach-ache you ever had?						

**L** Please go to the next page.

15. Are your symptoms related to the **time of day**? (Please put an **X** in the correct box )

- <sub>1</sub> yes
- <sub>0</sub> no
- <sub>8</sub> unknown

16. Are your symptoms related to eating a meal? (Please put an **X** in the correct box )

- <sub>1</sub> yes
- <sub>0</sub> no
- <sub>8</sub> unknown

17. How are your symptoms related to the following **body positions**?

	Worse (2)	Better (1)	No relationship (0)
a. Lying down			
b. Sitting			
c. Sitting with feet elevated			
d. Standing			
e. Walking			

18. Does **constipation** make your symptoms worse? (Please put an **X** in the correct box )

- <sub>1</sub> yes
- <sub>0</sub> no
- <sub>8</sub> unknown

19. How often do you usually engage in any type of sexual activity? (Please put an **X** in the correct box )

- <sub>1</sub> at least once a week
- <sub>2</sub> at least once a month
- <sub>3</sub> less than once a month
- <sub>0</sub> I do not engage in sexual activity **L** (Please go to question 23.)

20. How often do you experience pain or discomfort during or after sexual activity?

(Please put an **X** in the correct box )

- <sub>4</sub> always
- <sub>3</sub> frequently
- <sub>2</sub> sometimes
- <sub>1</sub> rarely
- <sub>0</sub> never
- <sub>9</sub> does not apply

21. How often do you experience pain or discomfort during or after orgasm?

(Please put an X in the correct box )

- <sub>4</sub> always  
<sub>3</sub> frequently  
<sub>2</sub> sometimes  
<sub>1</sub> rarely  
<sub>0</sub> never  
<sub>9</sub> does not apply

22. **When** does your pain or discomfort associated with sexual activity begin?

(Please put an X in the correct box )

- <sub>0</sub> I do not have pain during or after sexual activity.  
<sub>1</sub> during sexual activity  
<sub>2</sub> immediately after sexual activity  
<sub>3</sub> several hours after sexual activity  
<sub>4</sub> both during and after sexual activity

23. Do you **avoid** sexual activity because of your urinary symptoms?

(Please put an X in the correct box )

- <sub>1</sub> Yes  
<sub>0</sub> No

**L** The following question is for **Women** only. **&**

**L** **Men** please stop here. **%**

24. Do you currently menstruate (have a period)? (Please put an X in the correct box )

- <sub>1</sub> yes  
<sub>0</sub> no **L** Please stop here.

**If yes**, how do your symptoms relate to your **menstrual cycle**?

(Please put an X in the correct box )

- <sub>0</sub> no relationship  
<sub>1</sub> Symptoms are worse during the menstrual flow.  
<sub>2</sub> Symptoms are worse during the 1st week after menstrual flow.  
<sub>3</sub> Symptoms are worse mid-cycle.  
<sub>4</sub> Symptoms are worse during the week before flow.