John M Cannon, MD
Urology and Urologic Surgery
1770 Long Pond Road, Suite 101
Rochester, NY 14606
Telephone (585)244-8110
Fax (585)244-9435
www.cannonurology.com

NAME _____ DATE _____

LOWER URINARY TRACT SYMPTOMS QUESTIONNAIRE

Answer the following 7 questions based on your experiences during the past month. ***(Please circle your answers.)***	**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**
1. How often have you had the sensation of not emptying your bladder completely after you finished urinating?	**0**	**1**	**2**	**3**	**4**	**5**
2. How often have you had to urinate again less than 2 hours after you finished urinating?	**0**	**1**	**2**	**3**	**4**	**5**
3. How often have you found you stopped and started several times when you urinated?	**0**	**1**	**2**	**3**	**4**	**5**
4. How often do you find it difficult to postpone urination?	**0**	**1**	**2**	**3**	**4**	**5**
5. How often have you had a weak urinary stream?	**0**	**1**	**2**	**3**	**4**	**5**
6. How often have you had to push or strain to begin urination?	**0**	**1**	**2**	**3**	**4**	**5**
7. How many times did you most typically get up to urinate from the time you went to bed at night until the time you got up in the morning? *(circle the number of times)*	**0**	**1**	**2**	**3**	**4**	**5**

PLEASE TOTAL THE NUMBERS YOU CIRCLED _____

Mild (0-7) Moderate (8-19) Severe (20-35)

QUALITY OF LIFE QUESTION

How would you feel if you were to spend the rest of your life with your urinary condition just the way it is now?

Delighted	**Pleased**	**Mostly Satisfied**	**Mixed: about Equally Satisfied & Dissatisfied**	**Mostly Dissatisfied**	**Unhappy**	**Terrible**
0	**1**	**2**	**3**	**4**	**5**	**6**