

Patient Assessment Questionnaire

For each question below, please circle the answer that best describes how you feel.
The last 2 columns on the right are for your doctor to assess your answers. Please do not mark anything in these columns.

Patient's name: _____ Today's date: _____

	0	1	2	3	4	SYMPTOM SCORE	BOTHER SCORE
1 How many times do you go to the bathroom during the day?	3-6	7-10	11-14	15-19	20+		
a. How many times do you go to the bathroom at night?	0	1	2	3	4+		
2 b. If you get up at night to go to the bathroom, does it bother you?	Never	Mildly	Moderate	Severe			
3 Are you currently sexually active? YES _____ NO _____							
4 a. IF YOU ARE SEXUALLY ACTIVE, do you now or have you ever had pain or symptoms during or after sexual intercourse?	Never	Occasionally	Usually	Always			
b. If you have pain, does it make you avoid sexual intercourse?	Never	Occasionally	Usually	Always			
5 Do you have pain associated with your bladder or in your pelvis (vagina, lower abdomen, urethra, perineum, testes, or scrotum)?	Never	Occasionally	Usually	Always			
6 Do you have urgency after going to the bathroom?	Never	Occasionally	Usually	Always			
7 a. If you have pain, is it usually...		Mild	Moderate	Severe			
b. Does your pain bother you?	Never	Occasionally	Usually	Always			
8 a. If you have urgency, is it usually...		Mild	Moderate	Severe			
b. Does your urgency bother you?	Never	Occasionally	Usually	Always			
SYMPTOM SCORE (1, 2a, 4a, 5, 6, 7a, 8a) —SUBTOTAL							
BOTHER SCORE (2b, 4b, 7b, 8b) —SUBTOTAL							
TOTAL SCORE (Symptom Score + Bother Score) =							

The Pelvic Pain and Urgency/ Frequency (PUF) questionnaire is a simple tool that provides a fast, easy, and noninvasive way to screen for IC. Also available in Spanish.

International prostate symptom score (IPSS)



Name:

Date:

	Not at all	Less than 1 time in 5	Less than half the	About half the time	More than half the	Almost always	Your score
Incomplete emptying Over the past month, how often have you had a sensation of not emptying your bladder completely after you finish urinating?	0	1	2	3	4	5	
Frequency Over the past month, how often have you had to urinate again less than two hours after you finished urinating?	0	1	2	3	4	5	
Intermittency Over the past month, how often have you found you stopped and started again several times when you urinated?	0	1	2	3	4	5	
Urgency Over the last month, how difficult have you found it to postpone urination?	0	1	2	3	4	5	
Weak stream Over the past month, how often have you had a weak urinary stream?	0	1	2	3	4	5	
Straining Over the past month, how often have you had to push or strain to begin urination?	0	1	2	3	4	5	

	None	1 time	2 times	3 times	4 times	5 times or more	Your score
Nocturia Over the past month, many times did you most typically get up to urinate from the time you went to bed until the time you got up in the morning?	0	1	2	3	4	5	

Total IPSS score	
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Quality of life due to urinary symptoms	Delighted	Pleased	Mostly satisfied	Mixed – about equally satisfied and dissatisfied	Mostly dissatisfied	Unhappy	Terrible
If you were to spend the rest of your life with your urinary condition the way it is now, how would you feel about that?	0	1	2	3	4	5	6

Total score: 0-7 Mildly symptomatic; 8-19 moderately symptomatic; 20-35 severely symptomatic.