LUTS Questionnaire

NAME: ______________________________ DATE: _____________

Instructions: Please mark only one answer for each question and do not handwrite any answers. Most symptoms vary from day to day. We understand that if you check off more than one you feel that you will be providing more information about your condition. Please do not do this. Just check the box that best describes you. You will have the opportunity to discuss your symptoms in more detail with your doctor.

1. How often do you usually urinate during the day?*

   ____ no more often than once in 4 hours
   ____ about every 3 – 4 hours
   ____ about every 2 – 3 hours
   ____ about every 1 – 2 hours
   ____ at least once an hour

2. How many times do you usually urinate during the day?*

   ____ 8 or less times
   ____ 9 – 10 times
   ____ 11 – 12 times
   ____ 13 – 14 times
   ____ 15 or more times

3. How often do you usually urinate during the night?*

   ____ never
   ____ about every 3 – 4 hours
   ____ about every 2 – 3 hours
   ____ about every 1 – 2 hours
   ____ at least once an hour

4. How many times do you usually urinate at night (from the time you go to bed until the time you wake up for the day)?*

   ____ 0 times
   ____ 1 times
   ____ 2 times
   ____ 3 times
   ____ 4 or more times
5. What is the reason that you usually urinate?

_____ out of convenience (no urge or desire)

_____ because I have a mild urge or desire (but can delay urination for over an hour if I have to)

_____ because I have a moderate urge or desire (but can delay urination for more than 10 but less than 60 minutes if I have to)

_____ because I have a severe urge or desire (but can delay urination for less than 10 minutes)

_____ because I have desperate urge or desire (must stop what I am doing and go immediately)

6. Once you get the urge or desire to urinate, how long can you usually postpone it comfortably?

_____ More than 60 minutes

_____ About 30 – 60 minutes

_____ About 10 – 30 minutes

_____ A few minutes (less than 10 minutes)

_____ Must go immediately

7. How often do you get a sudden urge or desire to urinate that makes you want to stop what you are doing and rush to the bathroom?

_____ Never (Go to question 11)

_____ Rarely (Go to question 9)

_____ A few times a month (Go to question 9)

_____ A few times a week (Go to question 9)

_____ At least once a day (Go to question 8)

8. How often do you get a sudden urge or desire to urinate that makes you want to stop what you are doing and rush to the bathroom?

_____ Once a day

_____ Twice a day

_____ Three times a day

_____ Four times a day

_____ Five or more times a day
9. How often do you get a sudden urge or desire to urinate that makes you want to stop what you are doing and rush to the bathroom but you don't get there in time (ie you leak urine or wet pads)?

   ___ Never (go to question 11)
   ___ Rarely (go to question 11)
   ___ A few times a month (go to question 11)
   ___ A few times a week (go to question 11)
   ___ At least once a day (go to question 10)

10. How often do you get a sudden urge or desire to urinate that makes you want to stop what you are doing and rush to the bathroom but you don't get there in time (ie you leak urine or wet pads)?

     ___ Once a day
     ___ Twice a day
     ___ Three times a day
     ___ Four times a day
     ___ Five or more times a day

11. How often do you experience urine leakage when you sneeze?

     ___ Never (go to question 16)
     ___ Rarely (go to question 16)
     ___ A few times a month (go to question 16)
     ___ A few times a week (go to question 16)
     ___ At least once a day (go to question 12)

12. How often do you experience urine leakage when you cough?

     ___ Never (go to question 16)
     ___ Rarely (go to question 16)
     ___ A few times a month (go to question 16)
     ___ A few times a week (go to question 16)
     ___ At least once a day (go to question 13)
13. How often do you experience urine leakage when you lifting & bending?

____ Never (go to question 16)
____ Rarely (go to question 16)
____ A few times a month (go to question 16)
____ A few times a week (go to question 16)
____ At least once a day (go to question 14)

14. How often do you experience urine leakage when you changing positions?

____ Never (go to question 16)
____ Rarely (go to question 16)
____ A few times a month (go to question 16)
____ A few times a week (go to question 16)
____ At least once a day (go to question 15)

15. How often do you experience urine leakage related to physical activity (lifting, bending, and changing positions, coughing or sneezing) ?

____ Once a day
____ Twice a day
____ Three times a day
____ Four times a day
____ Five or more times a day

16. How often do you wet yourself, your pads or your clothes without any awareness of how or when it happened.

____ Never
____ Rarely
____ A few times a month
____ A few times a week
____ At least once a day

17. In your opinion how good is your bladder control?

____ Perfect control
____ Very good
____ Good
____ Poor
____ No control at all
18. How often do you have a sensation of not emptying your bladder completely after you finish urinating?

Never
Rarely
A few times a month
A few times a week
At least once a day

19. How often do you stop and start during urination?

Never
Rarely
A few times a month
A few times a week
At least once a day

20. How often do you have a weak urinary stream?

Never
Rarely
A few times a month
A few times a week
At least once a day

21. How often do you push or strain to begin urination?

Never
Rarely
A few times a month
A few times a week
At least once a day
22. How bothered are you by your bladder symptoms?

   _____ Not at all
   _____ A little bit
   _____ Pretty bothersome
   _____ A lot
   _____ I find it tolerable

Answer the next question only if you have begun treatment for your bladder condition

23. Compared to the way you were before your treatment with ________,
do you consider yourself to be:

   _____ Cured
   _____ Very much improved
   _____ A little bit improved
   _____ About the same
   _____ Worse