

MEASURE YOUR SYMPTOMS

Patient Name: _____ **Age:** _____ **Today's Date:** _____

It's easy with the Symptom Calculator! Use this Symptom Calculator to help you evaluate and assess your urinary symptoms.

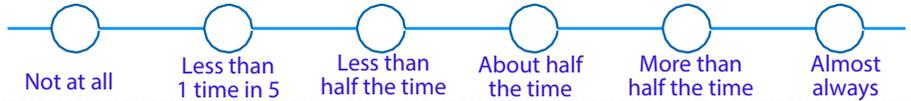
Do you have any problems when you urinate? We recommend that you talk with a health care provider if your total score on the first seven questions is 8 or greater or if you are bothered at all.

Have you noticed any of the following when you have gone to the bathroom to urinate over the past month? Circle the correct answer for you and write your score in the right-hand column.



1. Incomplete emptying

Over the past month, how often have you had a sensation of not emptying your bladder completely after you finished urinating?



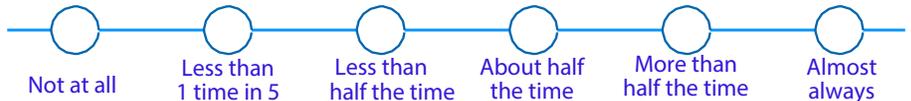
2. Frequency

Over the past month, how often have you had to urinate again less than two hours after you finished urinating?



3. Intermittency

Over the past month, how often have you found you stopped and started again several times when you urinated?



4. Urgency

Over the past month, how often have you found it difficult to postpone urination?



5. Weak stream

Over the past month, how often have you had a weak urinary stream?



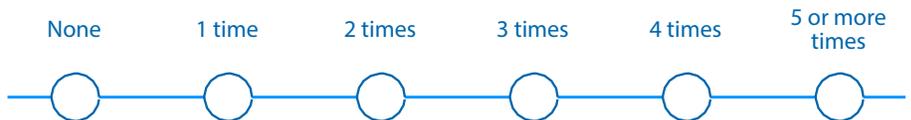
6. Straining

Over the past month, how often have you had to push or strain to begin urination?



7. Nocturia

Over the past month, 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?



Total score: 0-7 mild symptoms; 8-19 moderate symptoms; 20-35 severe symptoms Total Score: 0

8. Bother score

If you were to spend the rest of your life with your urinary condition just the way it is now, how would you feel about that?

