

	<i>Not at all</i>	<i>Less than 1 time in 5</i>	<i>Less than 1/2 the time</i>	<i>About 1/2 the time</i>	<i>More than 1/2 the time</i>	<i>Almost always</i>	<i>Your Score</i>
<p>1. Incomplete Emptying</p> <p>Over the past month, how often have you had a sensation of not emptying your bladder completely after you finished urinating?</p>	0	1	2	3	4	5	
<p>2. Frequency</p> <p>Over the past month, how often have you had to urinate again less than two hours after you finished urinating?</p>	0	1	2	3	4	5	
<p>3. Intermittency</p> <p>Over the past month, how often have you found you stopped and started again several times when you urinated?</p>	0	1	2	3	4	5	
<p>4. Urgency</p> <p>Over the past month, how often have you found it difficult to postpone urination?</p>	0	1	2	3	4	5	
<p>5. Weak Stream</p> <p>Over the past month, how often have you had a weak urinary stream?</p>	0	1	2	3	4	5	
<p>6. Straining</p> <p>Over the past month, how often have you had to strain or push to begin urination?</p>	0	1	2	3	4	5	
<p>7. Nocturia</p> <p>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?</p>	<i>Not at all</i>	<i>1 time</i>	<i>2 times</i>	<i>3 times</i>	<i>4 times</i>	<i>+5 times</i>	
	0	1	2	3	4	5	

SCORE _____

QUALITY OF LIFE DUE TO URINARY SYMPTOMS

	<i>Not at all</i>	<i>Pleased</i>	<i>Mostly satisfied</i>	<i>Mixed</i>	<i>Mostly dissatisfied</i>	<i>Unhappy</i>	<i>Terrible</i>
<p>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 it?</p>	0	1	2	3	4	5	6