## 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 score. Please do not mark anything in these columns. Be sure to bring this questionnaire with you into the examination room so that you can review your answers with your doctor.

Patient's name:			Today's date:						
		0	1 21	2	2)	<b>1</b>	SYMPTOM SCORE	BOTH SCOR	IR E
1	How many times do you go to the bathroom during the day?	3-6	7-10	11-14	15-19	20+			
	<b>a.</b> How many times do you go to the bathroom at night?	0	1	2	3	4+			DATA-OST Junes
_	<b>b.</b> If you get up at night to go to the bathroom, does it bother you?	Never	Mildly	Moderate	Severe	acceptance published in Angles of Maderic Challe Challe Challe Challenge of the Angles of Challenge of the Angles of Challenge of the Angles of Challenge of Chal	patent has the Stimulated Property and Control Stimulated Prop	ARREST Agreement of Control of Co	
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			Commission and Section 2015	The state of the s
	<b>b.</b> If you have pain, does it make you avoid sexual intercourse?	Never	Occasionally	Usually	Always		2015		THE REAL PROPERTY AND ADDRESS OF THE PERSON NAMED IN COLUMN TWO PERSONS AND ADDRESS OF THE PERSON NAMED IN COLUMN TWO PERSONS AND ADDRESS OF THE PERSON NAMED IN COLUMN TWO PERSONS AND ADDRESS OF THE PERSON NAMED IN COLUMN TWO PERSONS AND ADDRESS OF THE PERSON NAMED IN COLUMN TWO PERSONS AND ADDRESS OF THE PERSON NAMED IN COLUMN TWO PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO PERSON NAMED
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				EACTIVITIES TO SERVICE STATES
7	a. If you have pain, is it usually	, d	Mild	Moderate	Severe				
8	<b>b.</b> Does your pain bother you?	Never	Occasionally	Usually	Always				TO STATE OF THE ST
	<b>a.</b> If you have urgency, is it usually		Mild	Moderate	Severe				
U	<b>b.</b> Does your urgency bother you?	Never	Occasionally	Usually	Always				
		SYMI	PTOM SCORE (1,	2a, 4a, 5, 6,	7a, 8a) — Si	UBTOTAL			
		BOTHER SO	BOTHER SCORE (2b, 4b, 7b, 8b) – SUBTOTAL						
Ý	TOTAL SCORE (Symptom Score + Bother Score) =  ORTHO WOMEN'S HEALTH & UROLOGY A DIVISION OF ORTHO-MOVEL PHARMACHUCAL INC.								Department 1