

MALE UROLOGY QUESTIONNAIRE

Name: _____ Date _____

Please answer the following questions to the best of your ability. If you feel the need to add further, please write adjacent to the answer any additional information you feel may be helpful.

PART ONE

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| 1 | Do you wake up at night to urinate?
If yes, how many times do you wake up in the average night? _____ | Yes | No |
| 2 | During the daytime do you have to urinate frequently, every 1-2 hours?
If yes, about how often do you have to urinate? _____ | Yes | No |
| 3 | When you have to urinate during the daytime, do you have to stand
awhile before your stream starts up? | Yes | No |
| 4 | When you are all finished urinating, do you find that there is continued
dribbling of urine? | Yes | No |
| 5 | Have you seen any blood in your urine?
If so, when? _____
Have you had previous evaluation of the blood?
If yes, what tests were done and by whom?
_____ | Yes | No |
| 6 | Have you been told that you had blood in your urine, but none was seen by you?
Have you ever had an evaluation of this? Yes/No
If yes, approximately when and by whom?
_____ | Yes | No |
| 7. | Do you have burning when you urinate? | Yes | No |
| 8. | Is there any discharge from the tip of your penis? | Yes | No |
| 9. | When you have to urinate, is there a sense of urgency to move quickly to the
bathroom because you cannot postpone urination? | Yes | No |
| 10. | If you cannot get to the bathroom right away, do you leak urine? | Yes | No |
| 11. | If you cough or sneeze, do you leak urine?
If you do leak, approximately how many pads in the average
day to you wear? _____ | Yes | No |
| 12. | Do you have to push or strain to begin urination? | Yes | No |

PLEASE COMPLETE BOTH SIDES OF THIS FORM

13. Do you have to push or strain at the completion of urination? Yes No
14. When you are all finished urinating and you leave the bathroom, do you often find that you have to go back 5, 10, or even 15 minutes later to urinate more? Yes No
15. When you are all finished urinating do you usually feel empty? Yes No
16. How would you describe the strength of your urinary stream? _____
17. Have you found your stream to be intermittent in that it seems to start and stop, or is your stream for the most part fairly steady until the end? _____
18. Have you ever seen blood in your semen? Yes No
 If yes, have you ever had this evaluated? Yes No
 If yes, approximately when and by whom? _____

PART TWO

19. Have you ever had any kidney stones? Yes No
 If yes, when and how were they treated? _____
20. Have you ever injured your kidneys, ureter, bladder, penis or testicles? Yes No
21. Have you ever had any urological or pelvic surgery? Yes No
 If yes, when and what procedures? _____

22. Have you had any past history of urinary tract infections, kidney infections, or epididymitis? Yes No
 If yes, when and what treatment was provided? _____
23. Does anyone in your family have any history of prostate, kidney or bladder cancer disease or stones? Yes No
 If yes, please explain: _____

PART THREE

24. Would you describe your erections as normal or abnormal? (circle one) Yes No
 If abnormal, is this of concern to you or your partner?
 If it is of concern, how long has it been abnormal? _____
25. Do you have pain with erections? Yes No
26. Do you have any curvature of your penis with erections? Yes No
27. Would you say that the onset of your erections is normal or slow? (circle one)
28. Would you describe the rigidity of your erections as normal or inadequate for intercourse? (circle one)
29. Would you describe your erections as lasting long enough or fading too quickly? (circle one)
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