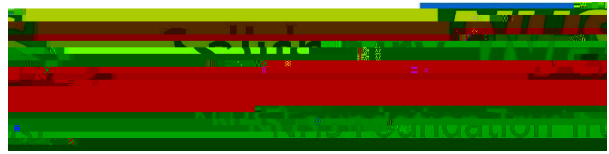


Affix patient label here



Department of Urology

Date:

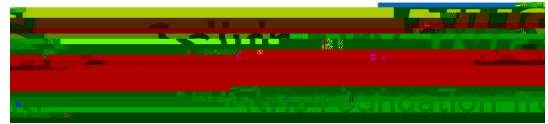
This questionnaire will help us to assess your urinary symptoms and decide on the best treatment for you. You may be asked to complete this form at subsequent clinic visits in order to reassess your symptoms at that time.

Please answer the following questions about your urinary symptoms

Over the past month how often have you....

Not at all	Less than 1 time in 5	Less than half the time	About half the time	More than half the time	Almost always	Your Score
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1...had the sensation of not emptying your bladder



Department of Urology

To be completed by clinician

QMAX:

Residual Volume:

Medical Management

- Treatment started in Primary Care -single medical
- Post treatment - single medical
- Post treatment - combination medical
- Other

Timing of this appointment:

- Pre medical treatment
- 3 months since medical treatment
- 6 months since medical treatment
- 12 months since medical treatment
- >12 months since medical treatment
- Discharged at this appointment

Consultant Firm:

- PJG
- GSM
- CAC
- MES
- MCD

Surgical Management

Operation:

- TURP
- Laser
- BNI
- Urethrotomy
- Urethral Dilatation

Operating Surgeon:

- PJG
- GSM
- CAC
- MES
- MCD
- SpR
- Other

Timing of this appointment