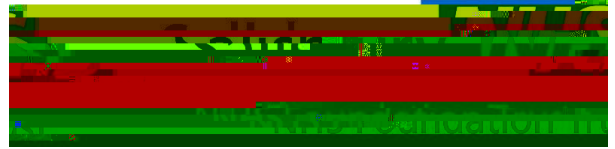


Affix patient label here



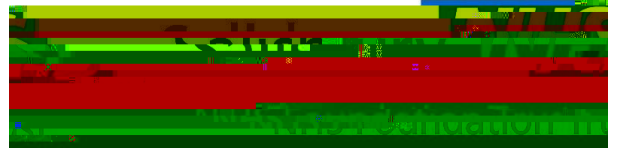
Department of Urology

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 it at subsequent clinic visits in order to reassess your symptoms at that time. **Please answer these questions honestly for the information you have been on an average over the past few weeks.**

How often do you leak urine (Tick one box)

- never 0
- About once a week or less often 1
- two or three times a week 2
- about once a day 3
- several times a day 4
- All the time 5



Department of Urology

To be completed by clinician

Operating Surgeon

☐ PJG

☐ MCD

MES

SpR

Verdin

Wilde

McKenna

Fountain

Kingston

Baden Fuller

Davies