



# Specialty Physical Therapy

## Patient Assessment Questionnaire

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Instructions:** please circle or select button nearest your answer.

**1. How many times do you go to the bathroom during the day?**

3-6 (0)      7-10 (1)      11-14 (2)      15-19 (3)      20+ (4)

**2a. How many times do you go to the bathroom at night?**

0 (0)      1 (1)      2 (2)      3 (3)      4+ (4)

**2b. If you get up at night to go to the bathroom, does it bother you?**

Never (0)      Mildly (1)      Moderate (2)      Severe (3)

**3. Are you currently sexually active?**

YES      NO

**4a. Do you now or have you ever had pain or symptoms during or after sexual intercourse?**

Never (0)      On occasion (1)      Usually (2)      Always (3)

**4b. Has pain or urgency ever made you avoid sexual intercourse?**

Never (0)      On occasion (1)      Usually (2)      Always (3)

**5. Do you have pain associated with your bladder or in your pelvis (vagina, labia, lower abdomen, urethra, perineum, testes, or scrotum)?**

Never (0)      On occasion (1)      Usually (2)      Always (3)

**6a. If you have pain, is it usually**

Mild (1)      Moderate (2)      Severe (3)

**6b. Does your pain bother you?**

Never (0)      On occasion (1)      Usually (2)      Always (3)

**7. Do you still have urgency after going to the bathroom?**

Never (0)      On occasion (1)      Usually (2)      Always (3)

**8a. If you have urgency, is it usually**

Mild (1)      Moderate (2)      Severe (3)

**8b. Does your urgency bother you?**

Never (0)      On occasion (1)      Usually (2)      Always (3)

**Symptom Score (1, 2a, 4a, 5, 6a, 7, 8a) = \_\_\_\_\_**

**Bother Score (2b, 4b, 6b, 8b) = \_\_\_\_\_**

**Total Score (Symptom Score + Bother Score) = \_\_\_\_\_**