

# PUF Questionnaire

Today's date: \_\_\_\_\_

## Instructions

For each question below, please circle the answer that best describes how you feel. Then, mark your score (0 to 4) for each answer in the column on the right. When you are finished add up the numbers in the column for your total score.

	0	1	2	3	4	Month 1 Score	Month 3 score
<b>1</b> How many times do you go to the bathroom during the day?	3-6	7-10	11-14	15-19	20+		
<b>2</b> a. How many times do you go to the bathroom at night?	0	1	2	3	4+		
b. If you get up at night to go to the bathroom, does it bother you?	Never	Mildly	Moderate	Severe			
<b>3</b> Are you currently sexually active <b>YES</b> _____ <b>NO</b> _____							
<b>4</b> a. <b>IF YOU ARE SEXUALLY ACTIVE</b> , do you now or have you ever had pain or symptoms during or after sexual intercourse?	Never	Mildly	Moderate	Severe			
b. If you have pain, does it make you avoid sexual intercourse?	Never	Mildly	Moderate	Severe			
<b>5</b> Do you have pain associated with your bladder or in your pelvis (vagina, lower abdomen, urethra, perineum, testes or sacrum)? <b>If you do not have pain, please skip question 6.</b>	Never	Mildly	Moderate	Severe			
<b>6</b> a. If you have pain, is it usually...	No pain	Mild	Moderate	Severe			
b. Does your pain bother you?	Never	Occasionally	Usually				
<b>7</b> Do you have urgency after going to the bathroom? <b>If you do not have urgency, please skip final question.</b>	Never	Occasionally	Usually	Always			
<b>8</b> a. If you have urgency, is it usually...	No Urgency	Mild	Moderate	Severe			
b. Does your urgency bother you?	Never	Occasionally	Usually	Always			
<b>Total Score</b>							