

The Men's Urinary Health Assessment Survey

Regarding your urinary habits, how often do you have:

	Never	Sometimes	Always
Weak or intermittent urine stream	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Straining during urination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling that your bladder has not completely emptied	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Urgent need to urinate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increased frequency, especially at night	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Painful urination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

My current bladder symptoms

	Yes	No
Do not cause me any problems	<input type="checkbox"/>	<input type="checkbox"/>
Cause me some minor problems	<input type="checkbox"/>	<input type="checkbox"/>
Cause me some moderate problems	<input type="checkbox"/>	<input type="checkbox"/>
Cause me some severe problems	<input type="checkbox"/>	<input type="checkbox"/>

Our clinic is participating in a research study of an investigational drug for men with Bladder Outlet Obstruction (BOO) and Lower Urinary Tract Symptoms (LUTS). The staff will review this information to see if you may qualify. Completing this information does not obligate you to take part.