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MALE QUESTIONNAIRE

NAME: _____ DATE: _____

Please answer the following questions to the best of your ability. If you feel the need to add further, please write adjacent to the answer any additional information you feel may be helpful.

PART ONE

1. Do you wake up at night to urinate? Yes No
a. If so, how many times do you wake up in the average night? _____
2. During the daytime do you have to urinate frequently, every 1-2 hours? Yes No
a. If yes, about how often do you have to urinate? _____
3. When you have to urinate during the daytime, do you have to stand awhile before your stream starts up? Yes No
4. When you are all finished urinating, do you find that there is continued dribbling of urine? Yes No
5. Have you seen any blood in your urine? Yes No
a. If so, when? _____
b. Have you had previous evaluation of the blood? Yes No
a. If yes, what tests were done and by whom? _____
6. Have you been told that you had blood in your urine, but none was seen by you? Yes No
a. Have you ever had evaluation of this? Yes No
b. If yes, approximately when and by whom? _____
7. Do you have burning when you urinate? Yes No
8. Is there any discharge from the tip of your penis? Yes No
9. When you have to urinate, is there a sense of urgency of move quickly to the bathroom because you cannot postpone urination? Yes No
10. If you cannot go to the bathroom right away, do you leak urine? Yes No
11. If you cough or sneeze, do you leak urine? Yes No
a. If you do leak, approximately how many pads in the average day do you wear? _____
12. Do you have to push or strain to begin urination? Yes No
13. Do you have to push or strain at the completion of urination? Yes No
14. When you are all finished urinating and you leave the bathroom, do you often find that you have to go back 5, 10, or even 15 minutes later to urinate more? Yes No
15. Have you ever seen blood in your semen? Yes No
a. If yes, have you ever had this evaluated? Yes No
b. If yes, approximately when and by whom? _____
16. How would you describe the strength of your urinary stream? _____
17. Have you found your stream to be intermittent in that it seems to start and stop, or is your stream for the most part fairly steady until the end?
18. When you are all finished urinating, do you usually feel empty? Yes No

PART TWO

- 19. Would you describe you erections as normal or abnormal? (circle one)
 - a. If abnormal, is this of concern to you or your wife? Yes No
 - b. If it is of concern, how long has it been abnormal? _____
- 20. Do you have any pain with erections? Yes No
- 21. Do you have any curvature of your penis with erections? Yes No
- 22. Would you say that the onset of your erections is normal or slow?
- 23. Would you describe the rigidity of your erections as normal or inadequate for intercourse?
- 24. Would you describe you erections as lasting long enough or fading too quickly?

PART THREE

- 25. Have you ever had any kidney stones? Yes No
 - a. If yes, when and how were they treated? _____

- 26. Have you ever had any injuries to your kidneys, ureters, bladder, penis or testicles? Yes No
- 27. Have you ever had any urologic or pelvic surgery? Yes No
 - a. If yes, when and what procedures? _____

- 28. Have you had any past history of urinary tract infections, kidney infections, prostate, urethral, or testicular infections, or epididymitis? Yes No
 - a. If yes, when and what treatment was provided? _____

- 29. Does anyone in your family have any history of prostate, kidney or bladder cancer disease or stones?
Yes No
 - a. If yes, please explain: _____

