核心下泌尿道症狀問卷表

●請問在**過去一周，**您的排尿狀況如何?

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | 早上起床到晚上睡覺前，通常要小便幾次？ | 7次以下 | 8～9次 | | 10～14次 | | | 15次以上 | |
| 0 | 1 | | 2 | | | 3 | |
| 2 | 晚上睡覺後，到早上醒來，通常要小便幾次？ | 0次 | 1次 | | 2～3次 | | | 4次以上 | |
| 0 | 1 | | 2 | | | 3 | |
| 請問在過去這**一周**，以下症狀大約出現的頻率為何？ | | | | | | | | | |
|  | | | | 沒有 | | 很少 | 有時 | | 經常 |
| 3 | 想尿尿時，不能忍住尿 | | | 0 | | 1 | 2 | | 3 |
| 4 | 尿急時，無法憋尿，會漏尿 | | | 0 | | 1 | 2 | | 3 |
| 5 | 當咳嗽、打噴嚏、或腹部用力時會漏尿 | | | 0 | | 1 | 2 | | 3 |
| 6 | 尿流速緩慢 | | | 0 | | 1 | 2 | | 3 |
| 7 | 排尿時需要腹部用力 | | | 0 | | 1 | 2 | | 3 |
| 8 | 排尿後感覺未完全排空膀胱 | | | 0 | | 1 | 2 | | 3 |
| 9 | 膀胱疼痛（下腹） | | | 0 | | 1 | 2 | | 3 |
| 10 | 尿道疼痛 | | | 0 | | 1 | 2 | | 3 |

●從上面10個症狀中，圈選**3個**您最困擾的症狀

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 不適用 |

●從上面3個症狀中，圈選**1個**您最困擾的症狀

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 不適用 |

●如果您這輩子以後的排尿的狀態都跟現在一樣，你覺得如何呢？

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 非常滿意 | 滿意 | 有些 滿意 | 滿意  不滿意  參半 | 感到沮喪 | 不快樂 | 糟透了 |