

## Men's urological assessment

Name

First Name

Reason for consultation

### Lifestyle

Profession

Sport

Drink

Daily amount

### Medical history

Size

Weight

☐ Weight change

☐ Anterior perineal rehabilitation

Date

Type

### Surgical history

Surgery type

Date

Prescribing physician

Date

Prescription

### Surgical history / Other

## Symptoms

### Incontinences urinaires

☐ Urinary incontinence

Conditions

Causes discomfort: ☐ Working life

☐ Leisure and daily life

☐ Major leaks

☐ Wear daily protection

☐ Wear night protection

Other

### Urination habits

Frequency

Day

Night

☐ Waking up because the need to urinate

Other

☐ Sudden urges not retained

Cause



**Mazet**  
Santé

## Voiding behavior

- ☐ Urge to urinate felt ☐ Difficulty urinating  
☐ Thrust to trigger urination ☐ Thrust during urination  
Urine jet ☐ Low ☐ Normal ☐ Strong ☐ Split ☐ In one go

## Quality of life

Evaluate your discomfort on a scale from 0 (no discomfort, no degradation of your quality of life) to 10 (very significant discomfort, severely degrading your quality of life).

Discomfort due to urinary problems  Discomfort in professional life   
Discomfort in personal life  Discomfort with leisure activities

## Muscle assessment

0 = No contraction

1 = Tremor

2 = Barely perceptible contraction

3 = Average non-reproducible contraction 3 times 1 second

4 = Reproducible contraction against resistance with fatigability

5 = Powerful contraction against resistance 5 times 6 seconds

	Initial assessment	Intermediate assess.	Final assessment
Date	<input type="text"/>	<input type="text"/>	<input type="text"/>
Overall muscle test	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bulbo-spongieux	<input type="text"/>	<input type="text"/>	<input type="text"/>
Voluntary urethral restraint	<input type="text"/>	<input type="text"/>	<input type="text"/>
Inverted perineal command	<input type="text"/>	<input type="text"/>	<input type="text"/>
Muscle synergies (abdominals, gluteus maximus, adductors, ...)	<input type="text"/>	<input type="text"/>	<input type="text"/>

## Conclusion and kinesitherapy diagnosis

- ☐ Stress urinary incontinence ☐ Bladder instability  
☐ Mixed bladder ☐ Overflow urinary incontinence  
☐ Pollakiuria ☐ Dysuria

## Quality of sex life

### Assessment of your sex life before

Satisfaction

Frequency

### During the 6 months preceding the surgery

Ability to achieve and maintain an erection

Difficulty remaining erect until the end of intercourse

### Since the surgery

Information on possible side effects on sexuality

☐ Yes ☐ No

Knowledge of the surgery report

☐ Yes ☐ No

Satisfaction with the management of postoperative sexuality

☐ Yes ☐ No

### Problems encountered

☐ Insufficient erection

☐ No erection

☐ Treatment difficult to carry out

☐ No treatment proposed

☐ Insufficient support

☐ No support

☐ Relationship with the partner

☐ Bladder weakness during intercourse

☐ No ejaculation

☐ No orgasm

### Proposed treatment

☐ Per-os treatment: Viagra, Cialis...

☐ Intra-cavernous injection

☐ Vacuum

☐ Intra-urethral cream

Is the treatment satisfactory? ☐ Yes ☐ No

How would you rate the quality of your sex life (0 no sex life, .....10 satisfactory)?

Before the operation

Today

