ID_____
Date_____

The Urethral Stricture Symptom and Impact Measure (USSIM)

Understanding the impact of your illness and treatments on your everyday life can help your healthcare team keep track of your health and adjust your treatments. This questionnaire is designed for men who have a urethral stricture or have had surgery for their urethral stricture. Your answers will help your doctor plan and evaluate your care.

For each statement, please choose the one response that applies best to you.

If you are unsure about how to respond, please give the best answer you can. There are no right or wrong answers. Your answers will be strictly confidential.

1) If you were to spend the rest of your life urinating the way it is now, how would you feel about that?
   7. Terrible
   6. Unhappy
   5. Mostly dissatisfied
   4. Mixed
   3. Mostly satisfied
   2. Pleased
   1. Delighted

In the past 14 days, because of my urinary functioning…

2) I worried about being unable to pee
   5. Very often
   4. Quite Often
   3. Sometimes
   2. Rarely
   1. Never

3) I had trouble aiming my urine stream
   5. Very often
   4. Quite Often
   3. Sometimes
   2. Rarely
   1. Never

4) I had to plan my day ahead of time
   5. Very often
   4. Quite Often
   3. Sometimes
   2. Rarely
   1. Never

5) I had a weak urine stream
   5. Very often
   4. Quite Often
   3. Sometimes
   2. Rarely
   1. Never

6) I felt pain when I peed
   5. Very often
   4. Quite Often
   3. Sometimes
   2. Rarely
   1. Never

7) I strained to pee
   5. Very often
   4. Quite Often
   3. Sometimes
   2. Rarely
   1. Never

8) I had difficulty delaying urination
   5. Very often
   4. Quite Often
   3. Sometimes
   2. Rarely
   1. Never

9) I felt embarrassed because it took me so long to pee in public
   5. Very often
   4. Quite Often
   3. Sometimes
   2. Rarely
   1. Never

Please proceed to the next page

Total Score (Items 2-9): _____

In the past 14 days, because of my sexual functioning…

10) My ejaculation or orgasm was not satisfying
    5. Very often
    4. Quite Often
    3. Sometimes
    2. Rarely
    1. Never

11) I felt pain when I ejaculated
    5. Very often
    4. Quite Often
    3. Sometimes
    2. Rarely
    1. Never

Total Score (Items 10-12):_____

Please answer this last question AFTER the surgery for your urethral stricture

12) With respect to your urination (peeing), how would you describe yourself now compared to before your most recent treatment/surgery?
    - ○ 5 (Completely Recovered)
    - ○ 4
    - ○ 3
    - ○ 2
    - ○ 1
    - ○ 0 (Unchanged)
    - ○ -1
    - ○ -2
    - ○ -3
    - ○ -4
    - ○ -5 (Very Much Worse)