



BENIGN PROSTATIC HYPERPLASIA

Could your male urinary symptoms be caused by BPH?

Please answer the following questions and bring to your appointment.

INCOMPLETE EMPTYING Over the last month, how often have you had a sensation of not emptying your bladder completely after you have finished urinating?	Not At All 0	Less than 1 time in 5 1	Less than Half the time 2	About Half the time 3	More than half the time 4	Almost Always 5
FREQUENCY During the last month, how often have you had to urinate again less than 2 hours after you finished urinating?	Not At All 0	Less than 1 time in 5 1	Less than Half the time 2	About Half the time 3	More than half the time 4	Almost Always 5
INTERMITTENCY During the last month, how often have you stopped and started again several times when you urinated?	Not At All 0	Less than 1 time in 5 1	Less than Half the time 2	About Half the time 3	More than half the time 4	Almost Always 5
URGENCY During the last month, how often have you found it difficult to postpone urination?	Not At All 0	Less than 1 time in 5 1	Less than Half the time 2	About Half the time 3	More than half the time 4	Almost Always 5
WEAK STREAM During the last month, how often have you had a weak urinary stream?	Not At All 0	Less than 1 time in 5 1	Less than Half the time 2	About Half the time 3	More than half the time 4	Almost Always 5
STRAINING During the last month, how often have you had to push or strain to begin urination?	Not At All 0	Less than 1 time in 5 1	Less than Half the time 2	About Half the time 3	More than half the time 4	Almost Always 5
NOCTURIA During the last month, how many times did you most typically get up to urinate from the time you went to bed at night until the time you got up in the morning?	Not At All 0	Less than 1 time in 5 1	Less than Half the time 2	About Half the time 3	More than half the time 4	Almost Always 5

Now, add up your Symptom Score (1-7 Mild, 8-19 Moderate, 20-35 Severe):

The Disease Specific Quality of Life Question

If you were to spend the rest of your life with your urinary condition just the way it is now, how would you feel about that?	Delighted	Pleased	Mostly Satisfied	Mixed	Mostly Disappointed	Unhappy	Terrible
	0	1	2	3	4	5	6

Name: _____

Date: _____