

PATIENT SELF-ASSESSMENT BPH* SYMPTOM SCORE†

Name:

Date:

Not at all Less than 1 time in 5 Less than half the time About half the time More than half the time Almost always **Your score**

Incomplete emptying

Over the past month, how often have you had a sensation of not emptying your bladder completely after you finished urinating?

0 1 2 3 4 5

Frequency

Over the past month, how often have you had to urinate again less than two hours after you finished urinating?

0 1 2 3 4 5

Intermittency

Over the past month, how often have you found you stopped and started again several times when you urinated?

0 1 2 3 4 5

Urgency

Over the past month, how often have you found it difficult to postpone urination?

0 1 2 3 4 5

Weak stream

Over the past month, how often have you had a weak urinary stream?

0 1 2 3 4 5

Straining

Over the past month, how often have you had to push or strain to begin urination?

0 1 2 3 4 5

None 1 time 2 times 3 times 4 times 5 times or more **Your score**

Nocturia

Over the past 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?

0 1 2 3 4 5

TOTAL SYMPTOM SCORE

Total score: 0-7 Mildly symptomatic 8-19 Moderately symptomatic 20-35 Severely symptomatic

Bother Score

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 (about equally satisfied and dissatisfied) Mostly dissatisfied Unhappy Terrible

0 1 2 3 4 5 6

* Benign prostatic hyperplasia

† Adapted from: Roehrborn CG, McConnell JD, Barry MJ, et al. Guideline on the management of benign prostatic hyperplasia. American Urological Association Education and Research, Inc. 2003. Reprinted with permission from the American Urological Association.