Patient Name:

Today's Date:

Determine Your BPH Symptoms

Circle your answers and add up your scores at the bottom.

Over the past month		Less than one time in five	Less than half the time	About half the time	More than half the time	Almost always
Incomplete emptying – How often have you had the sensation of not emptying your bladder completely after you finished urinating?	0	1	2	3	4	5
Frequency – How often have you had to urinate again less than two hours after you finished urinating?	0	1	2	3	4	5
Intermittency – How often have you found you stopped and started again several times when you urinated?	0	1.	2	3	4	5
Urgency – How often do you find it difficult to postpone urination?	0	ı	2	3	4	5
Weak stream – How often have you had a weak urinary stream?	0	1	2	3	4	5
Straining – How often have you had to push or strain to begin urination?	0	1	2	3	4	5
Sleeping – 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?	None 0	One Time I	Two Times 2	Three Times 3	Four Times 4	Five or More Times 5
Add Symptom Scores:		+ +	-			+

Total International Prostate Symptom Score =

Quality of Life (QoL)

I-7 mild symptoms $\mid 8-19$ moderate symptoms $\mid 20-35$ severe symptoms Regardless of the score, if your symptoms are bothersome you should notify your doctor.

	Delighted	Pleased	Mostly Satisfied	Mixed	Mostly Dissatisfied	Unhappy	Terrible
How would you feel if you had to live with your urinary condition the way it is now, no better, no worse, for the rest of your life?	0	I	2	3	4	5	6

Have you tried medications to help your symptoms?

Yes No

Did these	medications	help your sy	mptoms? (c	ircle)					
1	2	3	4	5	6	7	8	9	10

No Relief Completely Cured

Would you be interested in learning about a minimally invasive option that	Yes	No
could allow you to discontinue your BPH medications?	162	140