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**Check the Facts About Your Urinary Activities**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Circle your score for each below:

	Not at all	Less than 1 time in five	Less than half the time	About half the time	More than half the time	Almost always
<b>1. Frequency</b> Over the past month or so, how often have you had to urinate again less than two hours after you finished urinating?	0	1	2	3	4	5
<b>2. Intermittency</b> Over the past month or so, have you found that you stopped and started when you urinated?	0	1	2	3	4	5
<b>3. Urgency</b> Over the past month or so, how often have you found it difficult to postpone urination?	0	1	2	3	4	5
<b>4. Weak Stream</b> Over the past month or so, how often have you had a weak urinary stream?	0	1	2	3	4	5

5. <b>Straining</b> Over the past month or so, how often have you had to push or strain to begin urination?	Over	0	1	2	3	4	5		
6. <b>Incomplete Emptying</b> Over the past month or so, how often have you had a sensation of not emptying your bladder completely after you finished urinating?		0	1	2	3	4	5		
	None	1 time	2 times	3 times	4 times	5 or more times			
7. <b>Nocturnal</b> Over the past month or so, how many times per night did you typically get up to urinate from the time you went to bed until you got up in the morning?	Over	0	1	2	3	4	5		
From the American Urological Association									
(AUA) Symptom Index for BPH		Total Symptom Score = Sum of questions 1 to 7 =							
<b>1-PSS Bothersome Symptom Rating</b>									
	Delighted	Pleased	Mostly Satisfied	Mixed	Mostly dissatisfied	Unhappy	Terrible		
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 it?	0	1	2	3	4	5	6		
IF YOU HAVE BPH AND YOUR TOTAL SCORE IS				THEN YOU ARE CATEGORIZED AS HAVING:					
1-7				Mild BPH Symptoms					
8-19				Moderate BPH Symptoms					
20-35				Severe BPH Symptoms					

