

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 finish urinating?	0	1	2	3	4	5	<input type="text"/>
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	<input type="text"/>
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	<input type="text"/>
Urgency							
Over the last month, how difficult have you found it to postpone urination?	0	1	2	3	4	5	<input type="text"/>
Weak stream							
Over the past month, how often have you had a weak urinary stream?	0	1	2	3	4	5	<input type="text"/>
Straining							
Over the past month, how often have you had to push or strain to begin urination?	0	1	2	3	4	5	<input type="text"/>
Nocturia							
Over the past month, how many times did you most typically get up to urinate from the time you went to bed until the time you got up in the morning?	0	1	2	3	4	5	<input type="text"/>
							<input type="text"/>
TOTAL SYMPTOM SCORE							

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

*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.

