



Arkansas Urology

Patient Name: _____

Today's Date: _____

Daytime Phone Number: _____

Date of Birth: _____

Determine Your BPH Symptoms

Put an X in the corresponding boxes to the questions.

Over the past month	Not at all 0	Less than one time in five 1	Less than half the time 2	About half the time 3	More than half the time 4	Almost always 5
Incomplete Emptying: How often have you had the sensation of not emptying your bladder completely after you have finished urinating?						
Frequency: How often do you have to urinate less than 2 hours after you finished urinating?						
Intermittency: How often have you found that you stopped and started again several times with you urinated?						
Urgency: How often have you found that it is difficult to postpone urination?						
Weak Stream: How often have you had a weak urinary stream?						
Straining: How often have you had to push or strain to being urinating?						
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?	0	1	2	3	4	5+
Total International Prostate Symptom Score						

1 – 7 mild symptoms | 8 – 19 moderate symptoms | 20 – 35 severe symptoms
 Regardless of the score, if your symptoms are bothersome you should notify your doctor.

Quality of Life (QoL)

	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 that?	0	1	2	3	4	5	6