SYMPTOM INDEX FOR BPH

Patient Name:_____ Date of Visit:_____

Urinary Symptoms	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
1. Over the past month, how often have you had the sensation that your bladder was not completely empty after you finished urinating?	0	1	2	3	4	5
2. Over the past month, how often have you had to urinate again less than two hours after you last finished urinating?	0	1	2	3	4	5
3. Over the past month, how often have you found you stopped and started again several times while urinating?	0	1	2	3	4	5
4. Over the past month, how often have you found it difficult to postpone urination?	0	1	2	3	4	5
5. Over the past month, how often have you had a weak urinary stream?	0	1	2	3	4	5
6. Over the past month, how often have you had to push or strain to begin urinating?	0	1	2	3	4	5
	None	1 time	2 times	3 times	4 times	5 or more times
7. Over the last month, how many times did you typically get up to urinate each night, from the time you went to bed until the time you got up in the morning?	0	1	2	3	4	5

TOTAL AUA Symptom Score = Sum of questions 1 – 7

a) 0-7 _____ Mild
b) 8-19 _____ Moderate
c) 20-35 _____ Severe

Quality of Life Bother Score							
	Delighted	Pleased	Mostly satisfied	Mixed (about equally satisfied and dissatisfied)	Mostly dissatisfied	Unhappy	Terrible
1. If you had 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

From the American Urological Association (AUA) Symptom Index for BPH – Appendix A
with the International Prostate Symptom Score (IPSS)

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