



# BPH Symptom Index

Patient Name \_\_\_\_\_ Date \_\_\_\_\_

**Rate each of the following symptoms based upon your typical health profile.**

- Point Scale**
- 0 – *Never or almost never* have the symptom
  - 1 – *Occasionally* have it, less than 1 time in 5
  - 2 – *Occasionally* have it, less than half the time
  - 3 – *Frequently* have it, about half the time
  - 4 – *Frequently* have it, more than half the time
  - 5 – *Frequently* have it, almost always

## SYMPTOMS

**1** During the last month or so, how often have you had a sensation of not emptying your bladder completely after you finished urinating? **Total** \_\_\_\_\_

**2** During the last month or so, how often have you had to urinate again less than 2 hours after you finished urinating? **Total** \_\_\_\_\_

**3** During the last month or so, how often have you found you stopped and started again several times when you urinated? **Total** \_\_\_\_\_

**4** During the last month or so, how often have you found it difficult to postpone urination? **Total** \_\_\_\_\_

**5** During the last month or so, how often have you had a weak urinary stream? **Total** \_\_\_\_\_

**6** During the last month or so, how often have you had to push or strain to begin urination? **Total** \_\_\_\_\_

**7** During the last month, 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? **Total** \_\_\_\_\_

**Symptom score = sum of questions 1 to 7. Grand Total** \_\_\_\_\_

Score	Severity
0 to 7	Mild
8 to 19	Moderate
20 to 35	Severe