

What is your Benign Prostatic Hyperplasia (BPH) Symptom Score?

Patient Name _____ DOB _____ Date _____

Use this scorecard of symptoms. Circle one number in each line. Add the 7 circled numbers to get a total score, then talk to your doctor.

Over The Past Month...	Not At All	Less Than 1 Time	Less Than Half The Time	About Half The Time	More Than Half The Time	Almost Always
How often have you had the sensation of not emptying your bladder completely after you're finished urinating?	0	1	2	3	4	5
How often have you had to urinate again less than 2 hours after you finished urinating?	0	1	2	3	4	5
How often have you found yourself stopping and starting again several times while you urinate?	0	1	2	3	4	5
How difficult have you found it to postpone urination?	0	1	2	3	4	5
How often have you had a weak urinary stream?	0	1	2	3	4	5
How often have you had to push or strain to begin urination?	0	1	2	3	4	5
How many times do you typically get up to urinate from the time you went to bed to the time you get up in the morning?	0 (Times)	1 (Times)	2 (Times)	3 (Times)	4 (Times)	5 (Times, or more)
Your Total Symptom Score (Add the total of each row together)	=					
Symptom Score:	_____ 1-7 (Mild)		_____ 8-19 (Moderate)		_____ 20-35 (Severe)	