

BENIGN PROSTATIC HYPERPLASIA (BPH) QUESTIONNAIRE

Patient's Name: _____

DOB: _____ Phone Number: _____ Date: _____

Name of doctor who performs your PROSTATE exams. _____

What type of physician are they? Urologist Primary Care Physician Other

Would you like this physician to receive office visit notes from FVS? Yes No

AMERICAN UROLOGICAL ASSOCIATION BPH SYMPTOM SCORE INDEX QUESTIONNAIRE

Having to urinate more frequently, as well as more urgently, can definitely interrupt the flow of your day. You should know that frequent urination is often a symptom of benign prostatic hyperplasia (BPH), a noncancerous enlargement of the prostate gland. BPH is a common condition among men over the age of 50. Waking up several times a night to urinate hand having a weaker, slower, or delayed urine stream are other common symptoms.

International Prostatism Symptom Score (IPSS)

	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. INCOMPLETE EMPTYING. Over the last month, how often have you had a sensation of not emptying your bladder completely after you finish urinating?	0	1	2	3	4	5
2. FREQUENCY During the last month, how often have you had to urinate again less than two hours after you finished urinating?	0	1	2	3	4	5
3. INTERMITTENCY During the last month, how often have you stopped and started again several times when you urinate?	0	1	2	3	4	5
4. URGENCY During the last month, how often have you found it difficult to postpone urination?	0	1	2	3	4	5
5. WEAK STREAM During the last month, how often have you had a weak stream?	0	1	2	3	4	5

6. STRAINING During the last month, how often have you had to push or strain to begin urination?	0	1	2	3	4	5
7. NOCTURIA During the last 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

QUALITY OF LIFE

How would you feel if you had to live with your urinary condition the way it is now, no better, no worse, for the rest of your life? _____

IMAGING HISTORY

1. Did they diagnose you using:

- A. Direct Rectal Exam (DRE)
- B. Ultrasound
- C. MRI

2. Are you Claustrophobic?

Yes No

3. Do you have any metal in your body?

Yes No

- If so, what is it and how long has it been there? _____

-

4. Have you ever had a Urodynamic study or urine flow?

Yes No

- If so, when? _____

How did you hear about us?

Website

Physician

Radio

Insurance List

TV

Event

Friend

Other: _____