

E: front desk@florida vascular care.com

## BENIGN PROSTATIC HYPERPLASIA (BPH) QUESTIONNAIRE

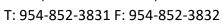
Patient's Name:					
DOB: Pho	one Number:	Date:	Date:		
Name of doctor who perform	s your PROSTATE exams.				
What type of physician are th	ey?   Urologist	☐ Primary Care Physician	$\square$ Other		
Would you like this physician	to receive office visit not	es from FVS?			

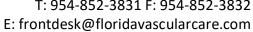
## AMERICAN UROLOGICAL ASSOCIATION BPH SYMPTOM SCORE INDEX QUESTIONNAIRE

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







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

the morning?						
QUALITY OF LIF	E					
How would you fe	eel if you had to live with	your urinary	condition the	way it is now,	no better, no wo	orse, for the
rest of your life?						
,						
IMAGING HISTO	DRY					
1. Did the	y diagnose you using:					
A.	Direct Rectal Exam (DF	RE)				
В.	Ultrasound					
C.	MRI					
2. Are you	Claustrophobic?			☐ Yes	。□ No	
3. Do you	have any metal in your	body?		☐ Yes	s □ No	
•	If so, what is it and how	w long has	it been there	e?		
•						
4. Have yo	ou ever had a Urodynar	nic study o	r urine flow	? □ Yes	s 🗆 No	
•	If so, when?					
		How did y	ou hear abo	ut us?		
☐ Website	☐ Physiciar	า	□ Ra	dio	☐ Insuranc	e List
□TV	☐ Event		☐ Fr	iend	☐ Other: _	