

BPH Symptom Index Questionnaire

Augusta Urology Associates, LLC

Patient Name: _____

DOB: _____

ID: _____

	Not at all	Less than 1 time in 5	Less than 1/2 the time	About 1/2 the time	More than 1/2 the time	Almost always							
Over the last month or so, how often have you had a sensation of not emptying your bladder completely after you finished urinating?	0	1	2	3	4	5							
During the last month or so, how often have you had to urinate again less than two hours after you finished urinating?	0	1	2	3	4	5							
During the last month or so, how often have you stopped and started again several times when you urinated?	0	1	2	3	4	5							
During the last month or so, how often have you found it difficult to postpone urination?	0	1	2	3	4	5							
During the last month or so, how often have you had a weak urinary stream?	0	1	2	3	4	5							
During the last month or so, how often have you had to push or strain to begin urination?	0	1	2	3	4	5							
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?	None	Once	Twice	Three times	Four times	Five or more times							
	0	1	2	3	4	5							
Add the score for each number above, and write it in the space _____													
<table border="0"> <tr> <td>Symptom Score =</td> <td>1-7 Mild</td> <td>8/19 Moderate</td> <td>20-35 Severe</td> <td colspan="3"></td> </tr> </table>							Symptom Score =	1-7 Mild	8/19 Moderate	20-35 Severe			
Symptom Score =	1-7 Mild	8/19 Moderate	20-35 Severe										
Quality of Life	Delighted	Pleased	Mostly Satisfied	Mixed	Mostly Dissatisfied	Unhappy	Terrible						
How would you feel if you had to live with your urinary condition the way it is now, no better or no worse, for the rest of your life?	0	1	2	3	4	5	6						

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Augusta Urology Associates, LLC uses the same 7 questions as the American Urological Association Symptom Index with the addition of the disease-specific quality of life question

