

Today's Date \_\_\_\_\_

Name \_\_\_\_\_

Birthdate \_\_\_\_\_

Phone \_\_\_\_\_

Doctor \_\_\_\_\_

## Your IPSS Score

The International Prostate Symptom Score (IPSS) is used to as the severity of BPH symptoms. To calculate your score, rate your symptoms based on your experience during the last month.

During the last month how often have you...	NOT AT ALL	LESS THAN 1 IN 5 TIMES	LESS THAN HALF THE TIME	ABOUT HALF THE TIME	MORE THAN HALF THE TIME	ALMOST ALWAYS	SCORE
1. Had a sensation of not emptying your bladder completely after you finished urinating?	0	1	2	3	4	5	
2. Had to urinate again less than two hours after you finished urinating?	0	1	2	3	4	5	
3. Found you stopped and started again several times when you urinated?	0	1	2	3	4	5	
4. Found it difficult to postpone urination?	0	1	2	3	4	5	
5. Had a weak urinary stream?	0	1	2	3	4	5	
6. Had to push or strain to begin urination?	0	1	2	3	4	5	

	NONE	1 TIME	2 TIMES	3 TIMES	4 TIMES	5+ TIMES	SCORE
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?	0	1	2	3	4	5	
TOTAL SYMPTOM SCORE							

Quality of life due to urinary symptoms	DELIGHTED	PLEASED	MOSTLY SATISFIED	MIXED	MOSTLY DISSATISFIED	UNHAPPY	TERRIBLE
8. If you were to spend the rest of your life with your urinary condition just the way it is now, how would you feel about that?	0	1	2	3	4	5	6

The total possible score ranges from 0 to 35 with the following BPH symptom correlation:  
 0-7 Mild symptoms, 8-19 Moderate symptoms, 20-35 Severe symptoms

# BPH Medication Satisfaction Survey

Current BPH medication: \_\_\_\_\_

How long have you been on BPH medications?

- 0-3 months     
  3-6 months     
  6-12 months     
  1 year or more

Since starting your BPH medication have you experienced any of the following side effects?  
(Check all that apply)

Symptom	New or Continuing?
<input type="checkbox"/> Intermittent urination (starting & stopping)	<input type="checkbox"/> New since starting BPH meds <input type="checkbox"/> Continuing since starting BPH meds
<input type="checkbox"/> Poor stream during urination	<input type="checkbox"/> New since starting BPH meds <input type="checkbox"/> Continuing since starting BPH meds
<input type="checkbox"/> Unable to completely empty your bladder (feels like there is more even after going to the bathroom)	<input type="checkbox"/> New since starting BPH meds <input type="checkbox"/> Continuing since starting BPH meds
<input type="checkbox"/> Painful urination	<input type="checkbox"/> New since starting BPH meds <input type="checkbox"/> Continuing since starting BPH meds
<input type="checkbox"/> Need for frequent urination: day, night or both	<input type="checkbox"/> New since starting BPH meds <input type="checkbox"/> Continuing since starting BPH meds
<input type="checkbox"/> Sudden or strong urge to urinate	<input type="checkbox"/> New since starting BPH meds <input type="checkbox"/> Continuing since starting BPH meds
<input type="checkbox"/> Leakage – urine with little or no warning (sometimes unable to make it to the bathroom in time)	<input type="checkbox"/> New since starting BPH meds <input type="checkbox"/> Continuing since starting BPH meds
<input type="checkbox"/> Nausea	<input type="checkbox"/> New since starting BPH meds <input type="checkbox"/> Continuing since starting BPH meds
<input type="checkbox"/> Headaches	<input type="checkbox"/> New since starting BPH meds <input type="checkbox"/> Continuing since starting BPH meds
<input type="checkbox"/> Dizziness	<input type="checkbox"/> New since starting BPH meds <input type="checkbox"/> Continuing since starting BPH meds
<input type="checkbox"/> Decrease or stoppage in ejaculatory fluid	<input type="checkbox"/> New since starting BPH meds <input type="checkbox"/> Continuing since starting BPH meds

On a scale of 0 to 10, with 0 being no symptom relief and 10 being complete symptom relief, how much symptom relief have these medications provided you? Circle a number.

- 0      1      2      3      4      5      6      7      8      9      10  
 No relief Complete relief

On a scale of 0 to 10, with 0 being no frustration at all and 10 being extremely frustrated, what is your level of frustration with your BPH symptoms? Circle a number.

- 0      1      2      3      4      5      6      7      8      9      10  
 No frustration Extreme frustration

Are you interested in learning about a new therapy to treat your BPH?

- Yes       No

Would you like your doctor to make a recommendation?

- Yes       No