### Your IPSS Score

The International Prostate Symptom Score (IPSS) is used to assess 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...

<table>
<thead>
<tr>
<th>Question</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Had a sensation of not emptying your bladder completely after you finished urinating?</td>
<td>0 1 2 3 4 5</td>
</tr>
<tr>
<td>2. Had to urinate again less than two hours after you finished urinating?</td>
<td>0 1 2 3 4 5</td>
</tr>
<tr>
<td>3. Found you stopped and started again several times when you urinated?</td>
<td>0 1 2 3 4 5</td>
</tr>
<tr>
<td>4. Found it difficult to postpone urination?</td>
<td>0 1 2 3 4 5</td>
</tr>
<tr>
<td>5. Had a weak urinary stream?</td>
<td>0 1 2 3 4 5</td>
</tr>
<tr>
<td>6. Had to push or strain to begin urination?</td>
<td>0 1 2 3 4 5</td>
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</table>

#### 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?

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<tr>
<td>0 1 2 3 4 5</td>
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### Quality of life due to urinary symptoms

<table>
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<tr>
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<tr>
<td>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?</td>
<td>0 1 2 3 4 5 6</td>
</tr>
</tbody>
</table>

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)

- Intermittent urination (starting & stopping)
- Poor stream during urination
- Unable to completely empty your bladder (feels like there is more even after going to the bathroom)
- Painful urination
- Need for frequent urination: day, night or both
- Sudden or strong urge to urinate
- Leakage – urine with little or no warning (sometimes unable to make it to the bathroom in time)
- Nausea
- Headaches
- Dizziness
- Decrease or stoppage in ejaculatory fluid

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