IU Health Physicians

BPH Symptom/Quality of Life Assessment

Patient Last Name _____ FirstName _____ Middle Initial ____

Social Security# _____ Date of Birth _____ Age _____

Today's Date _____

Urinary Tract Symptoms: AUA Symptom Index

1. Over the past month, how often have you had a sensation of not emptying your bladder completely after you finished urinating?
   __ 0 Not at all __ 3 About half the time
   __ 1 Less than 1 time in 5 __ 4 More than half the time
   __ 2 Less than half the time __ 5 Almost always
   Score _____

2. Over the past month, how often have you had to urinate again less than 2 hours after you finished urinating?
   __ 0 Not at all __ 3 About half the time
   __ 1 Less than 1 time in 5 __ 4 More than half the time
   __ 2 Less than half the time __ 5 Almost always
   Score _____

3. Over the past month, how often have you found you stopped and started again several times when you urinated?
   __ 0 Not at all __ 3 About half the time
   __ 1 Less than 1 time in 5 __ 4 More than half the time
   __ 2 Less than half the time __ 5 Almost always
   Score _____

4. Over the past month, how often have you found it difficult to postpone urination?
   __ 0 Not at all __ 3 About half the time
   __ 1 Less than 1 time in 5 __ 4 More than half the time
   __ 2 Less than half the time __ 5 Almost always
   Score _____

5. Over the past month, how often have you had a weak urinary stream?
   __ 0 Not at all __ 3 About half the time
   __ 1 Less than 1 time in 5 __ 4 More than half the time
   __ 2 Less than half the time __ 5 Almost always
   Score _____

6. Over the past month, how often have you had to push or strain to begin urination?
   __ 0 Not at all __ 3 About half the time
   __ 1 Less than 1 time in 5 __ 4 More than half the time
   __ 2 Less than half the time __ 5 Almost always
   Score _____

7. Over the past 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 None __ 3 Three times
   __ 1 One time __ 4 Four times
   __ 2 Two times __ 5 Five times or more
   Score _____

TOTAL SCORE _____

Bothersomeness

If you were to spend the rest of your life with your prostate symptoms just as they are now, how would you feel about that?
__ Delighted __ Mostly dissatisfied
__ Pleased __ Unhappy
__ Mostly satisfied __ Terrible
__ Mixed

BPH Impact Index

1. Over the past month, how much physical discomfort did any urinary problems cause you?
   __ 0 None __ 2 Some
   __ 1 Only a little __ 3 A lot Score_____

2. Over the past month, how much did you worry about your health because of any urinary problems?
   __ 0 None __ 2 Some
   __ 1 Only a little __ 3 A lot Score _____

3. Overall, how bothersome has any trouble with urination been during the past month?
   __ 0 None __ 2 Some
   __ 1 Only a little __ 3 A lot Score _____

4. Over the past month, how much of the time has any urinary problem kept you from doing the kinds of things you would usually do?
   __ 0 None of the time __ 3 Most of the time
   __ 1 A little of the time __ 4 A lot
   __ 2 Some of the time Score _____
   TOTAL SCORE _____