

A SYMPTOM INDEX FOR BENIGN PROSTATIC HYPERPLASIA*

	never	less than 1 time in 5	less than half the time	about half the time	more than half the time	almost always
1. Over the past 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
2. Over the past 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
3. Over the past month or so, how often have you found you stopped and started again several times when you urinated?	0	1	2	3	4	5
4. Over the past month or so, how often have you found it difficult to postpone urination?	0	1	2	3	4	5
5. Over the past month or so, how often have you had a weak urinary stream?	0	1	2	3	4	5
6. Over the past month or so, how often have you had to push or strain to begin urination?	0	1	2	3	4	5
7. Over the last month, how many times did you usually get up to urinate from the time you went to bed at night until the time you got up in the morning?	0 never	1 time	2 times	3 times	4 times	5 times or more

* Adapted from the American Urological Association Symptom Index

Symptom Score:

B “BOTHER” INDEX FOR BENIGN PROSTATIC HYPERPLASIA*

Overall, how **bothersome** has any trouble with urination been during the past month?*

Not at all
Bothersome

Bothers me
a little

Bothers me
some

Bothers me
a lot

* From the Benign Prostatic Hyperplasia Impact Index