

NAME: _____

DATE: _____

DOB: _____

REVIEW OF SYSTEMS: Please circle if you have *recently* experienced any of the following:

Constitutional

Fever

Eyes

Blurred Vision

Allergic/Immunologic

Drug Allergies

Environmental Allergies

Neurological

Dizzy Spells

Headache

Numbness/Tingling

Tremors

Gastrointestinal

Nausea/vomiting

Cardiovascular

Chest Pain/Angina

High Blood Pressure

Genitourinary

Back Pain

Bedwetting

Blood in Urine

Dribbling

Burning on Urination

Erection Problems

Flank Pain

Hematuria

Hesitancy

Kidney Failure

Kidney Infections

Kidney Stones

Leak after voiding

Nocturia

Nocturnal Enuresis

Not Emptying

Painful Ejaculation

Stones

Suprapubic Pain

Urgency

Urinary Frequency

Urinary Hesitancy

Urinary Incontinence

Urinary Tract Infections

Urine retention

Urologic Cancer

Urologic Surgery

Vaginal Bleeding

Vaginal Discharge/Problems

Weak Stream

Respiratory

Shortness of breath

Wheezing

Patient Signature _____

Date _____

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AUA SYMPTOM INDEX FOR BPH
COULD YOUR MALE URINARY SYMPTOMS BE CAUSED BY BPH?
Answer these simple questions and share them with your doctor.

- | | | | | | | | |
|----------|--|--------------------|-------------------------------|---------------------------------|-----------------------------|---------------------------------|-----------------------|
| 1 | INCOMPLETE EMPTYING
Over the last month, how often have you had a sensation of not emptying your bladder completely after you finished urinating? | Not
at all
0 | Less than
1 time in 5
1 | Less than
Half the time
2 | About half
the time
3 | More than
Half the time
4 | Almost
always
5 |
| 2 | FREQUENCY
During the last month, how often have you had to urinate again less than 2 hours after you finished urinating? | Not
at all
0 | Less than
1 time in 5
1 | Less than
Half the time
2 | About half
the time
3 | More than
Half the time
4 | Almost
always
5 |
| 3 | INTERMITTENCY
During the last month, how often have you stopped and started again several times when you urinated? | Not
at all
0 | Less than
1 time in 5
1 | Less than
Half the time
2 | About half
the time
3 | More than
Half the time
4 | Almost
always
5 |
| 4 | URGENCY
During the last month, how often have you found it difficult to postpone urination? | Not
at all
0 | Less than
1 time in 5
1 | Less than
Half the time
2 | About half
the time
3 | More than
Half the time
4 | Almost
always
5 |
| 5 | WEAK STREAM
During the last month, how often have you had a weak urinary stream? | Not
at all
0 | Less than
1 time in 5
1 | Less than
Half the time
2 | About half
the time
3 | More than
Half the time
4 | Almost
always
5 |
| 6 | STRAINING
During the last month, how often have you had to push or strain to begin urination? | Not
at all
0 | Less than
1 time in 5
1 | Less than
Half the time
2 | About half
the time
3 | More than
Half the time
4 | Almost
always
5 |
| 7 | NOCTURIA
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? | Not
at all
0 | Less than
1 time in 5
1 | Less than
Half the time
2 | About half
the time
3 | More than
Half the time
4 | Almost
always
5 |

Now add up you symptom Score (1-7 Mild, 8-19 Moderate, 20-35 Severe): _____

The Disease Specific Quality of Life Question

The International Prostate Symptom Score uses the same 7 questions as the AUA Symptom Index (presented above) with the addition of the following Disease Specific Quality of Life Question (bother score) scored on a scale from 0 to 6 points (delighted to terrible).

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? _____

Delighted 0	Pleased 1	Mostly Satisfied 2	Mixed 3	Mostly Disappointed 4	Unhappy 5	Terrible 6
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Adapted from American Urological Association. *Guideline on the Management of Benign Prostatic Hyperplasia (BPH)*. Linthicum, MD: American Urological Association Education and Research, Inc.: 2003: 1-22, 1-23, 3-51.

NAME _____ ACCOUNT# _____ AGE: _____ DATE: _____