

Good Medicine Clinic - BPH Symptom Index

Name _____

Date _____

Circle the appropriate number for each question:

	Not at all	Less than 1 time in 5	Less than half the time	About half the time	More than half the time	Almost always
1. During the last 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. During the last month or so, how often have you had to urinate again less than 2 hours after you finished urinating?	0	1	2	3	4	5
3. During the last 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. During the last month or so, how often have you found it difficult to postpone urination?	0	1	2	3	4	5
5. During the last month or so, how often have you had a weak urinary stream?	0	1	2	3	4	5
6. During the last month or so, how often have you had to push or strain to begin urination?	0	1	2	3	4	5
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 or more

Symptom score = sum of questions 1 to 7.

Total