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## PROSTATE SYMPTOM SCORE

PLEASE CIRCLE THE ANSWER THAT BEST DESCRIBES YOUR RESPONSE TO EACH OF THE FOLLOWING QUESTIONS:

Name _____ Date: _____	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
<b>1. Incomplete Emptying:</b> Over the past month, how often have you had a sensation of not emptying your bladder completely after you finished urinating?	0	1	2	3	4	5
<b>2. Frequency:</b> Over the past month, how often have you had to urinate again less than 2 hours after you finished urinating?	0	1	2	3	4	5
<b>3. Intermittency:</b> Over the past month, how often have you found you stopped and started again several times when you urinated?	0	1	2	3	4	5
<b>4. Urge to Urinate:</b> Over the past month, how often have you found it difficult to postpone urination?	0	1	2	3	4	5
<b>5. Weak Stream:</b> Over the past month, how often have you had a weak urinary stream?	0	1	2	3	4	5
<b>6. Straining:</b> Over the past month, how often have you had to push or strain to begin urination?	0	1	2	3	4	5
	None	1 Time	2 Times	3 Times	4 Times	5 or more times
<b>7. Urinating at Night:</b> Over the past month, how many times do you typically get up to urinate from the time you went to bed at night until the time you get up in the morning?	0	1	2	3	4	5

Total: \_\_\_\_\_

### BOTHER SCORE DUE TO URINARY SYMPTOMS

	Delighted	Pleased	Mostly Satisfied	Mixed	Mostly Dissatisfies	Unhappy	Terrible
<b>BOTHERSOMENESS OF URINARY SYMPTOMS:</b> How would you feel if you had to live with your urinary condition the way it is now, no better, no worse, for the rest of your life.	0	1	2	3	4	5	6