

PROSTATE SYMPTOM SCORE SHEET

In order to judge the severity of your problems in relation to the passing of urine, we would be grateful if you could fill in this self-explanatory Symptom Score Sheet.

For each question please circle the number corresponding to the most appropriate answer.

	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	Your Score
1. INCOMPLETE EMPTYING 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	
2. FREQUENCY 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	
3. INTERMITTENCY Over the past month, how often have you found you stopped and started several times when you urinated?	0	1	2	3	4	5	
4. URGENCY Over the past month, how often have you found it difficult to postpone urination?	0	1	2	3	4	5	
5. WEAK STREAM Over the past month, how often have you had a weak urinary stream?	0	1	2	3	4	5	
6. STRAINING Over the past month, how often have you had to push or strain to begin urination?	0	1	2	3	4	5	
7. NOCTURIA Over the past month, how many times did you most typically get up to urinate from the time you went to be at night to the time you got up in the morning?	0	1	2	3	4	5	
TOTAL PROSTATE SYMPTOM SCORE							

	Delighted	Pleased	Mostly satisfied	Mixed Satisfied and dissatisfied	Mostly dissatisfied	Unhappy	Terrible
QUALITY OF LIFE DUE TO URINARY SYMPTOMS 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?	0	1	2	3	4	5	