

Chart Number: _____

Date Completed: _____

Legal Name (Last, First, Middle Initial): _____

DOB: _____

BPH SYMPTOM SCORECARD

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Directions: Complete this self-test by circling the number which best represents your answer to each question. Determine your BPH Score by adding up the numbers.

BPH SYMPTOM SCORECARD						
Symptom 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
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
Over the past month, how often have you had to urinate again less than two hours after you finished urinating?	0	1	2	3	4	5
Over the past month, how often have you stopped and started again several times when you urinated?	0	1	2	3	4	5
Over the past month, how often have you found it difficult to postpone urination?	0	1	2	3	4	5
Over the past month, how often have you had a weak urinary stream?	0	1	2	3	4	5
Over the past month, how often have you had to push or strain to begin urination?	0	1	2	3	4	5
Over the past 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

Total Score: _____

Discuss your answers with your doctor.