## PROSTATE HEALTH FOR MEN AGE 50 AND OLDER: KNOW THE SCORE

Many men age 50 and older develop urinary symptoms due to benign prostatic hyperplasia, or BPH, also known as enlarged prostate. If you're experiencing urinary symptoms, complete this symptom scorecard and then show it to your health care provider to interpret your results.

How to use this symptom scorecard: Circle the number in each row that answers the corresponding question. Add up all the circled numbers to get your total symptom score. Scores can range from 0 to 35 points. The higher the score, the more severe the symptoms.

| AUA* BPH SYMPTOM SCORE   |            |                          |                         |                        |                         | :                |  |
|--|------------|--------------------------|-------------------------|------------------------|-------------------------|------------------|--|
| Name:<br>Date:   | Not at all | Less than<br>1 time in 5 | Less than half the time | About half<br>the time | More than half the time | Almost<br>always |  |
| 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                |  |
| 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                |  |
| INTERMITTENCY 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                |  |
| URGE TO URINATE Over the past month, how often have you found it difficult to postpone urination?  | 0          | 1                        | 2                       | 3                      | 4                       | 5                |  |
| WEAK STREAM Over the past month, how often have you had a weak urinary stream?   | 0          | 1                        | 2                       | 3                      | 4                       | 5                |  |
| STRAINING 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  |  |
| URINATING AT NIGHT 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                |  |
| Symptom Score: Mild 1-7, Moderate 8-19, Severe 20-35   | Total:     |                          |                         |                        |                         |                  |  |

Rate the bothersomeness of your symptoms by circling the number below that best describes your feelings.

| BOTHER SCORE DUE TO URINARY SYMPTOMS   |           |         |                  |       |                        |         |          |  |
|--|-----------|---------|------------------|-------|------------------------|---------|----------|--|
|  | Delighted | Pleased | Mostly satisfied | Mixed | Mostly<br>dissatisfied | Unhappy | Terrible |  |
| BOTHERSOMENESS OF URINARY<br>SYMPTOMS How would you feel if you had to live with<br>your urinary condition the way it is now, no better, no<br>worse, for the rest of your life? | 0         | 1       | 2                | 3     | 4                      | 5       | 6        |  |