

BPH Symptom Score Index

Division of Urology

Patient Name: _____

DOB: _____ Date: _____

To complete this self-test, simply circle one answer for each question. Add up all of the numbers at the end to determine your score.

Over the past month:	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	Score
How often have you had a sensation of not emptying your bladder completely after you finished urinating?	0	1	2	3	4	5	
How often have you had to urinate again less than two hours after you finished urinating?	0	1	2	3	4	5	
How often have you stopped and started again several times when you urinated?	0	1	2	3	4	5	
How often have you found it difficult to postpone urination?	0	1	2	3	4	5	
How often have you had a weak urinary stream?	0	1	2	3	4	5	
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 times	Score
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 Symptom Score:							

Disclaimer: This material is provided for information purposes only and is not a substitute for a consultation. You should consult with a urologist regarding your specific medical symptoms or medical condition.