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UROLOGY SYDNEY

PROSTATE SYMPTOM SCORE SHEET

Patient Name: …… Address: ……

Dr Name: …… Address: ……

Date: …… Age Group: 40 – 49 ❑ 50 – 59 ❑
60 – 69 ❑ 70 + ❑

	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 two 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 bed at night until the time you got up in the morning?	None 0	1 time 1	2 times 2	3 times 3	4 times 4	5 or more times 5	

TOTAL PROSTATE SYMPTOM SCORE ☐

Which of the above do you regard as most troublesome? (1-7) ☐

	Delighted	Pleased	Mostly Satisfied	Mixed satisfied & dissat-isfied	Mostly dissat-isfied	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	6