

INITIAL BPH CONSULTATION QUESTIONNAIRE (PAE)

PATIENT'S NAME		DATE	
ADDRESS			
CITY	STATE	ZIP	
PHONE	DOB		
NAME OF DOCTOR WHO PERFORMS YOUR PROSTATE EXAMS		<input type="radio"/> UROLOGIST <input type="radio"/> PRIMARY CARE PHYSICIAN	
WOULD YOU LIKE FOR THIS PHYSICIAN TO RECEIVE OFFICE VISIT NOTES FROM ALATE HEALTH? <input type="radio"/> YES <input type="radio"/> NO			

AMERICAN UROLOGICAL ASSOCIATION BPH SYMPTOM SCORE INDEX QUESTIONNAIRE

Having to urinate more frequently, as well as more urgently, can definitely interrupt the flow of your day. You should know that frequent urination is often a symptom of benign prostatic hyperplasia (BPH), a noncancerous enlargement of the prostate gland. BPH is a common condition among men over the age of 50. Waking up several times a night to urinate and having a weaker, slower, or delayed urine stream are other common symptoms.

	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
1. INCOMPLETE EMPTYING. Over the last month, how often have you had a sensation of not emptying your bladder completely after you finish urinating?	0	1	2	3	4	5
2. FREQUENCY During the last 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 During the last month, how often have you stopped and started again several times when you urinate?	0	1	2	3	4	5
4. URGENCY During the last month, how often have you found it difficult to postpone urination?	0	1	2	3	4	5
5. WEAK STREAM During the last month, how often have you had a weak stream?	0	1	2	3	4	5
6. STRAINING During the last month, how often have you had to push or strain to begin urination?	0	1	2	3	4	5
7. NOCTURIA During the last month, how many times did you most typically get up to urinate from the time you went to bed until the time you got up in the morning?	0	1	2	3	4	5

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8. QUALITY OF LIFE How would you feel if you had to live with your urinary condition the way it is now, no better, no worse, for the rest of your life?	0	1	2	3	4	5

FOR OFFICE STAFF

ADD THE SCORE FOR EACH NUMBER ON THE PREVIOUS PAGE, AND WRITE THE TOTAL IN THE SPACE TO THE RIGHT.

SYMPTOM SCORE = 1 - 7 MILD 8 - 19 MODERATE 20 - 35 SEVERE TOTAL _____

0 = DELIGHTED 1 = PLEASSED 2 = MOSTLY SATISFIED 3 = MIXED 4 = MOSTLY NOT SATISFIED 5 = UNHAPPY

IMAGING HISTORY

28. DID THEY DIAGNOSE YOU USING:

A. DIRECT RECTAL EXAM (DRE)

B. ULTRASOUND

C. MRI

29. ARE YOU CLAUSTROPHOBIC? YES NO

30. DO YOU HAVE ANY METAL IN YOUR BODY? YES NO

A. IF SO, WHAT IS IT AND HOW LONG HAS IT BEEN THERE?

31. HAVE YOU EVER HAD A URODYNAMIC STUDY OF URINE FLOW? YES NO

A. IF SO, WHEN?

HOW DID YOU FIRST HEAR ABOUT US?

WEBSITE

PHYSICIAN

RADIO

INSURANCE LIST

TV

EVENT

FRIEND

OTHER: _____