

Today's Date _____ Name _____ MR# _____ PRN# _____

What was your last PSA level _____ and on what Date _____

1. What is the average number of pads you use overall _____, during the *daytime* _____, and *bedtime* _____?
A. 0 Pads B. Small Security Pad C. 1 Pad D. 2-3 Pads E. 3 Pads or more

2. Which of the following best describes your urinary control during the last 4 weeks?
1. No Control whatsoever 2. Frequent Dribbling 3. Occasional Dribbling 4. Total Control

3. Over the past 4 weeks, how often have you leaked urine?
1. Every Day 2. About once a week 3. Less than once a week 4. Not at all

4. How many weeks did it take to use **one pad** or fewer per day for urinary leakage? _____

5. How many weeks to **0 pads** per daytime? _____ How many weeks to **0 pads** per nighttime? _____

6. Have You Had an Erection (Firm enough) For Penetration **Yes / No** Satisfactory? **Yes / No**

7. Please circle the fullness you are able to achieve in your erections at this time.
0% 10% 25% 50% 75% 85% 90% 95% 100%

8. Have you tried any medication for potency? If **Very Helpful-VH**, if **Slightly Helpful-SH**, if **Not Helpful-NH**
 Viagra _____ Levitra _____ Cialis _____ Muse _____ Other _____ None

9. If you have taken Viagra or Cialis on a regular basis, as you would a Vitamin; please describe **when you started** _____ **and for how many weeks** _____

Please circle the answer that *best describes* your response to each of the following questions over the past month.

I-PSS

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
0	1	2	3	4	5

1. Incomplete emptying: Over the past month, how often have you had a sensation of not emptying your bladder completely after you have finished urinating?

0	1	2	3	4	5
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2. Frequency: Over the past month, how often have you had to urinate again less than 2 hours after you have finished urinating?

0	1	2	3	4	5
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3. 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
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4. Urgency: Over the past month, how often have you found it difficult to postponed urination?

0	1	2	3	4	5
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5. Weak Stream: Over the past month, how often have you had a weak urinary stream?

0	1	2	3	4	5
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6. Straining: Over the past month, how often have you had to push or strain to begin urination?

0	1	2	3	4	5
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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?

0	1x	2x	3x	4x	5x
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SCORE _____

QUALITY OF LIFE DUE TO URINARY SYMPTOMS:

If you were to spend the rest of your life with your **URINARY** condition the way it is now, how would you feel about it?

Delighted	Pleased	Mostly satisfied	Mixed	Mostly dissatisfied	Unhappy	Terrible
0	1	2	3	4	5	6

SHIM

1. How do you rate your confidence that you could get and keep an erection?

Very low	Low	Moderate	High	Very High
1	2	3	4	5

2. When you had erections with sexual stimulation, how often were your erections hard enough for penetration (entering your partner)?

No sexual activity	Almost never or never	A few times (less than half the time)	Sometimes (about half the time)	Most times (much more than half the time)	Almost Always Or Always
0	1	2	3	4	5

3. During sexual intercourse, how often were you able to maintain your erection after you had penetrated (entered) your partner?

Did not Attempt intercourse	Almost never or never	A few times (less than half the time)	Sometimes (about half the time)	Most times (much more than half the time)	Almost Always Or Always
0	1	2	3	4	5

4. During sexual intercourse, how difficult was it to maintain your erection to completion of intercourse?

Did not attempt intercourse	Extremely Difficult	Very Difficult	Difficult	Slightly Difficult	Not Difficult
0	1	2	3	4	5

5. When you attempted sexual intercourse, how often was it satisfactory to you?

Did not attempt intercourse	Almost never or never	A few times (less than half the time)	Sometimes (about half the time)	Most times (much more than half the time)	Almost Always Or Always
0	1	2	3	4	5

SCORE _____

Comments: