



## Prostate Evaluation Questionnaire\*

Name: \_\_\_\_\_ Date: \_\_\_\_\_

### Directions:

- \*Please rate each of the following symptoms based on the prior 48 hrs.
- \*Place your answer (0 through 3) on the blank in front of the symptom.
- \*Then add, placing the total at the bottom of the questionnaire.

### \_\_\_\_ Nightly urination:

- 0 - No symptoms
- 1 - Urination once per night
- 2 - Urination 2 to 3 times per night
- 3 - Urination 4 or more times per night

### \_\_\_\_ Frequency of daytime urination

- 0 - 1 to 4 times per day
- 1 - 5 to 7 times per day
- 2 - 8 to 12 times per day
- 3 - 13 or more times per day

### \_\_\_\_ Hesitancy before urination

- 0 - Occasional hesitation before urination - 20% or less of attempts
- 1 - Moderate hesitation - 20 to 50% of attempts
- 2 - Frequent hesitation - More than 50% of attempts, lasting up to one minute
- 3 - Hesitation during every attempt to urinate, lasting one minute or longer

### \_\_\_\_ Intermittent urination

- 0 - Urine flow is occasionally intermittent (irregular) - 20% or less attempts
- 1 - Urine flow is moderately intermittent - 20 to 50% of attempts
- 2 - Urine flow is frequently intermittent - More than 50% but not always and lasts up to one minute
- 3 - Intermittent urine flow with every attempt, lasting one minute or longer

### \_\_\_\_ Dribbling after urination

- 0 - Occasional dribbling after urination - 20% or less of every voiding
- 1 - Moderate dribbling - 20 to 50% of every voiding
- 2 - Frequent dribbling - 50% or more but not every voiding
- 3 - Dribbling occurs always, last for one minute or longer, or wets clothing

### \_\_\_\_ Urgency

- 0 - Never feels an urgency to urinate
- 1 - Occasionally difficult to postpone urination
- 2 - Frequent difficulty to postpone urination - more than 50% of the time
- 3 - Always difficult to postpone urination

**Impairment of size and force of stream**

- 0 - No impairment
- 1 - Impaired direction of stream
- 2 - Most of the time the size and the direction of the stream are restricted
- 3 - Urination takes great effort and stream is interrupted

**Difficulty urinating**

- 0 - No difficulty urinating
- 1 - Occasional burning sensation during urination
- 2 - Frequent - More than 50% burning during urination
- 3 - Frequent and painful burning sensation during urination

**Sensation of incomplete urination**

- 0 - No sensation of incomplete urination
- 1 - Occasional sensation of incomplete emptying of bladder during urination
- 2 - Frequent - More than 50% of the time feels the sensation of not emptying the bladder
- 3 - Constant and urgent sensation of incomplete voiding and no relief upon urinating

**Total score**

\*HealthComm International, Inc.

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Please print this form, complete it, and bring it with you to your initial visit.  
Please return to the list of questionnaires you need to complete.

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Physician Comments: