

Could you benefit from treatment for BPH?

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

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 had a weak urinary stream?

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	1	2	3	4	5
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Score _____

Add the numbers from your answers to questions 1 through 7. The maximum possible score is 35. Remember: This information is not intended as a substitute for medical treatment.

Note: This test is used to measure the severity of your symptoms. This is not a diagnostic test. In other words, it will not tell you whether or not you have BPH. Talk to your doctor to determine if your symptoms are due to BPH.

Adapted from Barry MJ, et al. The American Urological Association symptom index for benign prostatic hyperplasia. *J Urol.* 1992; 148: 1549-1557.

Could you benefit from treatment for ED?

Each question has several possible responses. Please circle the number of the response that *best describes* your own situation. Make sure that you select only one response for each question.

Over the past 6 months:

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 (much 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 (much 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 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 (much 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 _____

Add the numbers corresponding to questions 1 through 5. If your score is 21 or less, you may want to talk to your doctor.

Adapted from Rosen RC, et al. Development and evaluation of an abridged, 5-item version of the International Index of Erectile Function (IIEF-5) as a diagnostic tool for erectile dysfunction. *Int J Impot Res.* 1999;11:319-326