

# You Don't Have To Suffer From BPH... You Have Options

## ***Think Outside the Pillbox!***

Millions of men suffer from the symptoms of enlarged prostate, also known as Benign Prostatic Hyperplasia (BPH). BPH can significantly affect quality of life due to bothersome symptoms such as repeatedly waking at night to urinate, frequent daytime urination, urgency to urinate, and interference with sexual activity.

On the reverse side is a BPH Symptom Score sheet, which will provide your American Urological Association Symptom Score (AUASS). This is a simple questionnaire that contains seven questions intended to classify the severity of your enlarged prostate symptoms. After you answer the seven questions, calculate your score. Contact your doctor for any questions you have about your test score results.

Maybe you have already been diagnosed and are taking medication to treat your BPH. Drug therapy is often the first line of treatment for BPH and is frequently used to control mild to moderate BPH symptoms. However, some men find that drugs aren't always effective, have unwanted side effects or are tired of taking BPH medications every day.

## ***There are alternatives!***

A variety of BPH treatment options are available including in-office, non-surgical therapies. It is important to talk to your doctor about the multiple treatments available and to fully understand all options, including the benefits and risks of each. This approach also allows you and your physician to determine the safest and most effective treatment together, based on your individual medical condition and preferences.

*To find out more information about BPH treatment options, please attend our patient education seminar.*

**We look forward to seeing you there!**

*Check your BPH Symptom Score*

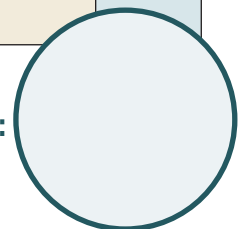
# Your BPH Symptom Score

To check your BPH symptom score, complete the following questions based on your experience over the past month.

*Circle your answer and record your score in the right column.*

	not at all	less than one time in five	less than half the time	about half the time	more than half the time	almost always	YOUR SCORE
Over the past month, how often have you had the sensation of not emptying your bladder completely after you finished urinating?	0	1	2	3	4	5	
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	
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	
Over the past month, how often have you found it difficult to postpone urination?	0	1	2	3	4	5	
Over the past month, how often have you had a weak urinary stream?	0	1	2	3	4	5	
Over the past month, how often have you had to push or strain to begin urination?	0	1	2	3	4	5	
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 Time	1 Time	2 Times	3 Times	4 Times	5 Times	

**Total Score:**



0 to 7 = Mild Symptoms

8 to 19 = Moderate Symptoms

20 to 35 = Severe Symptoms