

Do you have an enlarged prostate?

Take this simple Enlarged Prostate Symptoms Questionnaire* to find out.

Circle the number that best describes your symptoms	None	Less than 1 time in 5	Less than half the time	About half the time	More than half the time	Almost always	Your score
Incomplete emptying: Over the past month, how often have you had a sensation of not emptying your bladder completely after you finished urinating?	0	1	2	3	4	5	
Frequency: Over the past month, how often have you had to urinate again less than 2 hours after you finished urinating?	0	1	2	3	4	5	
Intermittency: Over the past month, how often have you found that you stopped and started again several times when you urinated?	0	1	2	3	4	5	
Urgency: Over the past month, how often have you found it difficult to postpone urination?	0	1	2	3	4	5	
Weak-stream: Over the past month, how often have you had a weak urinary stream?	0	1	2	3	4	5	
Straining: Over the past month, how often have you had to push or strain to begin urination?	0	1	2	3	4	5	
Nocturia: Over the past month, how many times did you typically get up at night to urinate?	0	1	2	3	4	5	
Symptom Score (Add up the points for all questions to determine the severity of your symptoms)							Total score
Symptom Score (Severity) - 0 to 7 (Mild), 8 to 19 (Moderate), 20 to 35 (Severe) (If you scored 8 points or higher, you should consult your physician.)							

Is GreenLight™ Laser Therapy right for you?

These questions are intended to help evaluate your satisfaction with your current enlarged prostate therapy. If you are not completely satisfied, ask your doctor about other treatment options.

How much do you agree or disagree with each of the following statements about your enlarged prostate treatment? Check one answer for each.

I am completely satisfied with the symptom relief I'm getting with my current enlarged prostate symptoms.

Strongly Agree _____ Agree _____ Neutral _____ Disagree _____ Strongly Disagree _____

I do not like the idea of taking daily medications indefinitely to relieve my enlarged prostate symptoms.

Strongly Agree _____ Agree _____ Neutral _____ Disagree _____ Strongly Disagree _____

I am bothered by one or more of the side effects of enlarged prostate medications (such as lowered sexual drive, erection problems, dizziness, low blood pressure, nasal congestion).

Strongly Agree _____ Agree _____ Neutral _____ Disagree _____ Strongly Disagree _____

Are you interested in learning more about a one-time treatment for enlarged prostate that is safe, non-surgical and may be able to improve your symptom relief beyond what you are currently getting?

Yes _____ No _____

After you have completed this form, please present this to your doctor and ask him/her to discuss your enlarged prostate treatment options, including whether GreenLight Laser Therapy is right for you. For more information about GreenLight Laser Therapy visit www.ICantUrinate.com

Questionnaire provided by

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PROSTATE CANCER & UROLOGY**

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*Questionnaire created by The American Urological Association (AUA) to give you and your physician an understanding of the severity of your enlarged prostate symptoms.