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BPH Impact Index

Patient Name: _____ Date: _____

	None	Only a little	Some	A lot	
Over the past month, how much physical discomfort did any urinary problems cause you?	0	1	2	3	
Over the past month, how much did you worry about your health because of any urinary problems?	0	1	2	3	
	Not at all bothersome	Bothers me a little	Bothers me some	Bothers me a lot	
Overall, how bothersome has any trouble with urination been during the past month?	0	1	2	3	
	None of the time	A little of the time	Some of the time	Most of the time	All of the time
Over the past month, how much of the time has any urinary problem kept you from doing the kinds of things you would usually do?	0	1	2	3	4

Total: _____