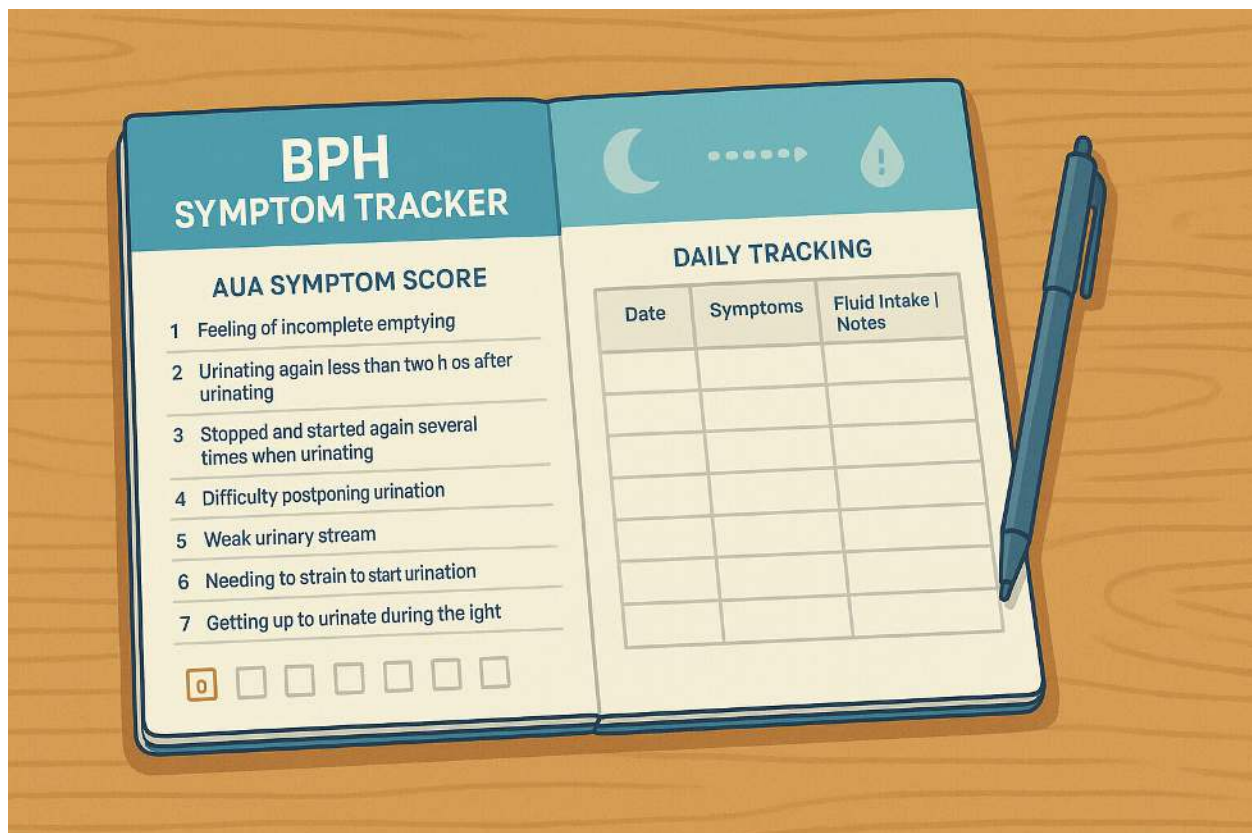


# BPH SYMPTOM TRACKER & Self-Assessment Journal



The notebook is open on a wooden surface. The left page is titled "BPH SYMPTOM TRACKER" and features the "AUA SYMPTOM SCORE" section with seven numbered symptoms. Below the list are seven checkboxes, with the first one containing the number "0". The right page is titled "DAILY TRACKING" and features a table with three columns: "Date", "Symptoms", and "Fluid Intake | Notes". The table has eight rows. A blue pen is resting on the right page.

**BPH SYMPTOM TRACKER**

**AUA SYMPTOM SCORE**

- 1 Feeling of incomplete emptying
- 2 Urinating again less than two hours after urinating
- 3 Stopped and started again several times when urinating
- 4 Difficulty postponing urination
- 5 Weak urinary stream
- 6 Needing to strain to start urination
- 7 Getting up to urinate during the night

☒ 0 ☐ ☐ ☐ ☐ ☐ ☐

**DAILY TRACKING**

Date	Symptoms	Fluid Intake   Notes

# Your Personal Guide to Understanding Prostate Symptoms

Based on the American Urological Association (AUA) Symptom Score  
Also known as the International Prostate Symptom Score (IPSS)

**Created by:** The Health Knowledge Base

**Date:** December 2025

## Welcome to Your BPH Symptom Tracker

Tracking your symptoms is the first step toward better prostate health. This 30-day journal helps you:

- ✓ **Quantify what you're feeling** – Turn “annoying” into measurable data
- ✓ **Identify patterns & triggers** – What makes symptoms better or worse?
- ✓ **Communicate effectively** – Bring objective data to your urologist
- ✓ **Monitor treatment progress** – See if interventions are working

## How to Use This Tracker

### 1. Complete the Initial Assessment

Take the official AUA Symptom Score quiz to establish your baseline.

### 2. Daily Tracking

Spend 2 minutes each evening rating your symptoms.

### 3. Weekly Review

Spot trends and calculate weekly averages.

### 4. Doctor Visit Prep

Summarize your findings before appointments.

## Pro Tips for Accurate Tracking:

- **Be consistent** – Fill it out at the same time each day
- **Be honest** – This is for you, no one else sees it
- **Note everything** – Fluid intake, medications, stress levels
- **Look for patterns** – Not just daily scores, but weekly trends

### Important Medical Disclaimer:

This tracker is for informational purposes only and does not constitute medical advice. Always consult with a qualified healthcare provider for diagnosis and treatment. If you experience sudden inability to urinate, fever with painful urination, or blood in urine, seek immediate medical attention.

## BASELINE ASSESSMENT: AUA Symptom Score (IPSS)

Date: *Time:*

**Instructions:** For each question, circle the number that best describes your experience OVER THE LAST MONTH.

### 1. INCOMPLETE EMPTYING

How often have you had a sensation of not emptying your bladder completely?

0 – Not at all

1 – Less than 1 time in 5

2 – Less than half the time

3 – About half the time

4 – More than half the time

5 – Almost always

### 2. FREQUENCY

How often have you had to urinate again less than 2 hours after finishing?

[Same scale 0-5]

### 3. INTERMITTENCY

How often have you stopped and started again several times while urinating?

[Same scale 0-5]

### 4. URGENCY

How often have you found it difficult to postpone urination?

[Same scale 0-5]

### 5. WEAK STREAM

How often have you had a weak urinary stream?

[Same scale 0-5]

### 6. STRAINING

How often have you had to push or strain to begin urination?

[Same scale 0-5]

### 7. NOCTURIA

How many times did you typically get up at night to urinate?

0 – None

1 – 1 time

2 – 2 times

3 – 3 times

4 – 4 times

5 – 5 or more times

## CALCULATE YOUR SCORE:

Voiding Symptoms Total (Q1+Q3+Q5+Q6): \_ *Storage Symptoms Total*  
(Q2+Q4+Q7):

**TOTAL AUA SCORE:** \_\_ / 35

## Severity Interpretation:

- 0-7 = Mild
- 8-19 = Moderate
- 20-35 = Severe

## Quality of Life Question:

“If you were to spend the rest of your life with your urinary condition just as it is now, how would you feel?”

0 – Delighted

1 – Pleased

2 – Mostly satisfied

3 – Mixed

4 – Mostly dissatisfied

5 – Unhappy

6 – Terrible

Even with mild symptoms, if your quality of life score is 4+, treatment may be warranted.

## Understanding Your Symptoms

### Voiding (Emptying) Symptoms:

- **Incomplete Emptying** – Feeling bladder isn’t fully empty
- **Intermittency** – Flow stops and starts
- **Weak Stream** – Reduced urine force
- **Straining** – Needing to push to start

### Storage (Filling) Symptoms:

- **Frequency** – Urinating often (>8x/day)
- **Urgency** – Sudden, strong need to go
- **Nocturia** – Waking at night to urinate

# My Personal Health Goals

**Primary Goal:** [ ]

- ☐ Reduce nighttime trips
- ☐ Improve stream strength
- ☐ Reduce urgency
- ☐ Other: \_\_\_\_

**Target AUA Score:** Current \_ → *Goal* \_ in 3 months

**Lifestyle Changes I'll Try:**

- [ ] Limit fluids 2 hours before bed
- [ ] Reduce caffeine/alcohol
- [ ] Try pelvic floor exercises
- [ ] Schedule bathroom trips
- [ ] Other: \_\_\_\_

**Doctor Appointment Date:**

*Questions to Ask:* \_\_\_\_\_

## DAY 1: [Date] \_

### Morning Check-In:

Weight: \_ *lbs* *Blood Pressure:* / (optional)

*Medications Taken:* \_\_\_\_\_

Notes: \_\_\_\_\_

### Symptom Ratings (0-5 Scale):

Incomplete Emptying: 0 1 2 3 4 5

Frequency: 0 1 2 3 4 5

Intermittency: 0 1 2 3 4 5

Urgency: 0 1 2 3 4 5

Weak Stream: 0 1 2 3 4 5

Straining: 0 1 2 3 4 5

Nocturia (# of times): 0 1 2 3 4 5

DAILY SCORE: \_ / 35

## Fluid & Voiding Diary:

Time Fluid (oz) Urinated? Notes 7AM 9AM... etc for 8-10 time slots

## Triggers & Patterns Today:

Caffeine: None / 1 cup / 2+ cups

Alcohol: None / 1 drink / 2+ drinks

Spicy food: Yes / No

Stress Level: Low / Medium / High

Exercise: Type **Duration**

**Medications:** \_\_\_\_\_

Other notes: \_\_\_\_\_

## Evening Reflection:

What was today's most bothersome symptom? \_\_\_\_

What helped today? \_\_\_\_\_

## WEEKLY REVIEW: Week of \_

### Daily Scores:

Day 1: \_ *Day 2: Day 3:*

*Day 4: Day 5: Day 6: Day 7:* \_

**Weekly Average:** \_ **High Score:** (Day )

**Low Score:** (Day \_\_)

## Symptom Patterns Noticed:

- ☐ Worse in mornings
- ☐ Worse after caffeine/alcohol
- ☐ Better with exercise
- ☐ Worse with stress
- ☐ Consistent throughout day
- ☐ Other: \_\_\_\_

## Fluid Intake Patterns:

Average daily ounces: \_ *Main fluid types: Water* % *Coffee/Tea* % *Soda* %  
*Alcohol* % *Noticed connection to symptoms?* \_\_\_\_\_

## What Worked This Week:

Effective strategies: \_\_\_\_\_

To try next week: \_\_\_\_\_

## Progress Snapshot:

Starting AUA Score (Page 2): \_ *This Week's Average:* \_

Change: ☐ Improved ☐ Same ☐ Worse

Most Improved Symptom: \_\_\_\_\_

Most Persistent Symptom: \_\_\_\_\_

## DOCTOR VISIT SUMMARY

Appointment Date:

*Doctor:* \_\_\_\_\_

Purpose: ☐ Initial consult ☐ Follow-up ☐ Treatment review

## Key Data to Share:

1. Baseline AUA Score: \_ (from Page 2)
2. Tracking Period: \_ days total
3. Average AUA Score: \_
4. Range: High \_ *to* Low \_
5. Quality of Life Score: \_ (0-6 scale)

## Most Bothersome Symptoms:

1. \_\_\_\_\_ (rated average \_/5)
2. \_\_\_\_\_ (rated average \_/5)
3. \_\_\_\_\_ (rated average \_/5)



## Clear Patterns Identified:

- Symptoms worse when: \_\_\_\_
- Symptoms better when: \_\_\_\_
- Strongest triggers: \_\_\_\_\_

## Questions for My Doctor:

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## Treatment Goals to Discuss:

- ☐ Reduce nocturia from \_ to \_ times/night
- ☐ Improve stream strength
- ☐ Reduce urgency episodes
- ☐ Other: \_\_\_\_\_

## Appointment Notes:

Diagnosis/Impressions: \_\_\_\_\_

Recommended Tests: \_\_\_\_\_

Treatment Plan: \_\_\_\_\_

Next Steps: \_\_\_\_\_

Follow-up Date: \_\_\_\_\_

## Additional Resources from The Health Knowledge Base

### Continue Your BPH Education:

- [Complete BPH Guide](#)
- [UroLift vs TURP Comparison](#)
- [Natural Remedies](#)
- [BPH FAQ](#)

## Lifestyle Support:

- [7-Day Anti-Inflammatory Diet](#)
- [Pelvic Floor Exercises](#)
- [Stress Management](#)

## Emergency Red Flags:

Seek IMMEDIATE medical attention if you experience:

- Complete inability to urinate
- Fever with painful urination
- Visible blood in urine
- Severe abdominal/pelvic pain

## For Non-Emergency Concerns:

- Worsening symptoms
  - Medication side effects
  - Questions about treatment
- Contact your urologist or primary care provider

**Thank you for taking control of your prostate health!**

Bring this completed tracker to your next appointment for more productive conversations with your healthcare team.

The Health Knowledge Base Team

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# BPH SYMPTOM Tracker...

Take control of your prostate health with the BPH Symptom Tracker & Self-Assessment Journal. This 30-day guide helps you quantify symptoms, identify patterns, and effectively communicate with your urologist, ensuring you stay informed and proactive in your treatment journey. Use it to track your progress and prepare for doctor visits, all while aiming for improved well-being.