1. During the past month, please indicate how frequently you had these urinary symptoms and how large of a problem they were to you:

<table>
<thead>
<tr>
<th>Symptom</th>
<th>% Of Time Experienced Symptoms</th>
<th>How Large A Problem?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sensation of incomplete bladder emptying</td>
<td>0% 10% 25% 50% 75%Almost 100%</td>
<td>None Very Small Small Medium Big</td>
</tr>
<tr>
<td>Having to urinate again after less than 2 hours</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stopping and starting several times during urination</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Found it difficult to postpone urinating</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Weak urinary stream</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Had to push or strain to begin urination</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. a. Over the past month, how many times per night did you typically get up to urinate?
   - 0 1 2 3 4 5 6 or more times per night
   - None Very Small Small Medium Big

b. How large of a problem was this to you?
   - None Very Small Small Medium Big

3. Over the past month, how much physical discomfort did any urinary problems cause you?
   - None Only a little Some A lot

4. Over the past month, how much did you worry about your health because of any urinary problems?
   - None Only a little Some A lot

5. Overall, how bothersome has any trouble with urination been during the past month?
   - Not at all bothersome Bothers me a little Bothers me some Bothers me a lot

6. 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?
   - None of the time A little of the time Some of the time Most of the time All of the time

7. In general would you say your health is:
   - Excellent Very good Good Fair Poor

8. Since January 1, 1994, have you had screening for prostate cancer by using PSA (prostate specific antigen)?
   - Not known No Yes If yes, what was the level? Normal Elevated

9. Since January 1, 1990, have you had an enlarged prostate detected by rectal exam?

10. Since January 1, 1990, has a physician told you that you have benign prostatic hyperplasia (BPH)?

11. Since January 1, 1990, have you had an episode of acute urinary retention requiring catheterization?

12. Since January 1, 1990, have you had surgery for benign prostatic enlargement (prostate resection or TURP)?

13. During the past month, how often have your urinary problems interfered in the following activities?
    (Mark one response for each line.)
    - Drinking fluids before you travel
    - Drinking fluids before you go to bed
    - Driving for two hours without stopping
    - Getting enough sleep at night
    - Going to places that may not have a toilet
    - Playing sports outdoors such as golf
    - Going to movies, shows, church, etc.

14. These questions are about how you feel and how things have been with you during the past 4 weeks.
    For each question, please give the one answer that comes closest to the way you have been feeling.
    How much of your time during the past 4 weeks...
    (Mark one response for each line.)
    - Did you feel full of pep?
    - Have you been a very nervous person?
    - Have you felt so down in the dumps nothing could cheer you up?
    - Have you felt calm and peaceful?
    - Did you have a lot of energy?
    - Have you felt downhearted and blue?
    - Did you feel worn out?
    - Have you been a happy person?
    - Did you feel tired?
15. Do you currently use the following medications regularly for prostate problems?
- Finasteride (PROscar)
- Alpha-blocker drugs (tetrazosin HYTRIN, prazosin MINIPRESS, doxazosin CARDURA)
- Other – Please specify ____________________________
- No regular medication

16. During the past 4 weeks, how much of the time have your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc.)?
- All of the time
- Most of the time
- Some of the time
- A little of the time
- None of the time

17. Please choose the answer that best describes how true or false each of the following statements is for you. (Mark one response for each line.)

   Over the past 4 weeks, I have felt about the same as I have felt during the past year.
   I seem to get sick a little easier than other people.
   I am as healthy as anybody I know.
   I expect my health to get worse.
   My health is excellent.

18. During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)? (Mark one response on each line.)

   a) Cut down the amount of time you spend on work or other activities
   b) Accomplished less than you would like
   c) Didn't do work or other activities as carefully as usual
   d) Had difficulty performing the work or other activities (for example, it took extra effort)

19. During the past 4 weeks, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbors, or groups?
- Not at all
- Slightly
- Moderately
- Quite a bit
- Extremely

20. How much bodily pain have you had during the past 4 weeks?
- None
- Very mild
- Mild
- Moderate
- Severe
- Very severe

21. During the past 4 weeks, how much did bodily pain interfere with your normal work (including both work outside the home and housework)?
- Not at all
- A little bit
- Moderately
- Quite a bit
- Extremely

22. During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health?

   a) Cut down the amount of time you spend on work or other activities
   b) Accomplished less than you would like
   c) Were limited in the kind of work or other activities
   d) Had difficulty performing the work or other activities (for example, it took extra effort)

23. The following items are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much? (Mark one response for each line.)

   Yes, Limited A Lot
   Yes, Limited A Little
   No Limit
   Limited At All

   Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports
   Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf
   Lifting or carrying groceries
   Climbing several flights of stairs
   Climbing one flight of stairs
   Bending, kneeling, or stooping
   Walking more than a mile
   Walking several blocks
   Walking one block
   Bathing or dressing yourself

24. Please WRITE in your date of birth: ____________  ____________  ____________

   Thank You Very Much!