

MIST2 Form IMPA, BPH Impact Scale (version November 9, 2006)

Participant ID (3 digits)

Visit ID = S02, W12, M12 (one record per visit)

RELEASEID

VISITID

IMDISCOM

IMHEALTH

IMBOTHE

IMPREV

1. Over the past month, how much physical discomfort did any urinary problems cause you?

☐₀ none ☐₁ only a little ☐₂ some ☐₃ a lot

2. Over the past month, how much did you worry about your health because of any urinary problems?

☐₀ none ☐₁ only a little ☐₂ some ☐₃ a lot

3. Overall, how bothersome has any trouble with urination been during the past month?

☐₀ not at all bothersome

☐₁ bothers me a little

☐₂ bothers me some

☐₃ bothers me a lot

4. 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 none of the time

☐₁ a little of the time

☐₂ some of the time

☐₃ most of the time

☐₄ all of the time