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

Participant ID (3 digits)

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

		VISITID
1.	Over the past month, how much physical discomfort did any urinary problems cause you?	IMDISCOM
	\square_0 none \square_1 only a little \square_2 some \square_3 a lot	
2.	Over the past month, how much did you worry about your health because of any urinary problems?	IMHEALTH
	\square_0 none \square_1 only a little \square_2 some \square_3 a lot	
3.	Overall, how bothersome has any trouble with urination been during the past month?	IMBOTHE
	□ ₀ not at all bothersome	
	□ ₁ bothers me a little	
	\square_2 bothers me some	
	\square_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?	IMPREV
	\square_0 none of the time	
	\square_1 a little of the time	
	\square_2 some of the time	
	\square_3 most of the time	
	\square_4 all of the time	

RELEASEID