SWEDEN GHANA MEDICAL CENTRE



YOUR PROSTATE RISK ASSESSMENT SHEET

	Under 40	40-55	55-67	68-80	Above 80
What age group are you in?	1	2	3	4	5
In the last month:	Not at all	Rarely	Sometimes	Often	All the time
How often do you have stinging or pain during urination?	0	1	2	3	4
How often does your urine stream stop and restart during urination?	0	1	2	3	4
How often do you feel your bladder is still filled, even after urinating?	0	1	2	3	4
How often do you find yourself rushing to the toilet to empty your bladder?	0	1	2	3	4
How often do you have split urine?	0	1	2	3	4
How often do have you pain while ejaculating or have bloody ejaculation?	0	1	2	3	4
How often are you able to get and sustain an erection?	0	1	2	3	4
	None	1-2 times	3 times	4 times	>5 times
How many times do you get up at night to urinate	0	1	2	3	4
	Not sure	No	Slightly	Yes	Significantly
Are you obese or overweight?	-	0	1	2	4
Do you have a relative diagnosed with prostate cancer before age 60?	0	0	-	2	-
Have you had unexplained weight loss in the past few months	-	0	1	2	4
Do you have pain in your back, pelvis or hips?	-	0	1	2	4

Score: 0 – 11: Mild 12 – 21: Medium 22 and above: Severe

If your symptom score is more than 12, please see a physician.

Quality of Life due to symptoms	Нарру	Satisfied	unconcerned	Dissatisfied	Unhappy
If you were to spend the rest of your	1	2	3	4	5
life with your condition just the way it					
is now, how would you feel about that?					

NB: These symptoms can be caused by other things besides prostate cancer, however it is recommended that you check with a doctor to know the underlying cause of symptoms to ensure you receive the right treatment.