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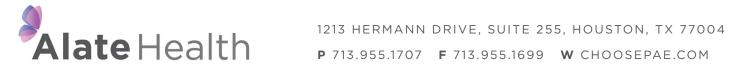
INITIAL BPH CONSULTATION QUESTIONNAIRE (PAE)

| PATIENT'S NAME | DATE | | | | |
|---|-------|-----|--|--|--|
| ADDRESS | | | | | |
| CITY | STATE | ZIP | | | |
| PHONE | DOB | | | | |
| NAME OF DOCTOR WHO PERFORMS YOUR PROSTATE EXAMS UROLOGIST OPRIMARY CARE PHYSICIAN | | | | | |
| WOULD YOU LIKE FOR THIS PHYSICIAN TO RECEIVE OFFICE VISIT NOTES FROM ALATE HEALTH? O YES O NO | | | | | |

AMERICAN UROLOGICAL ASSOCIATION BPH SYMPTOM SCORE INDEX QUESTIONNAIRE

Having to urinate more frequently, as well as more urgently, can definitely interrupt the flow of your day. You should know that frequent urination is often a symptom of benign prostatic hyperplasia (BPH), a noncancerous enlargement of the prostate gland. BPH is a common condition among men over the age of 50. Waking up several times a night to urinate hand having a weaker, slower, or delayed urine stream are other common symptoms.

| | NOT AT ALL | LESS THAN 1 TIME IN 5 | LESS THAN HALF THE TIME | ABOUT HALF THE TIME | MORE THAN HALF THE TIME | ALMOST ALWAYS |
|---|---------------|--------------------------|----------------------------|------------------------|----------------------------|------------------|
| 1. INCOMPLETE EMPTYING. Over the last month, how often have you had a sensation of not emptying your bladder completely after you finish urinating? | 0 | 1 | 2 | 3 | 4 | 5 |
| 2. FREQUENCY During the last month, how often have you had to urinate again less than two hours after you finished urinating? | 0 | 1 | 2 | 3 | 4 | 5 |
| 3. INTERMITTENCY During the last month, how often have you stopped and started again several times when you urinate? | 0 | 1 | 2 | 3 | 4 | 5 |
| 4. URGENCY During the last month, how often have you found it difficult to postpone urination? | 0 | 1 | 2 | 3 | 4 | 5 |
| 5. WEAK STREAM During the last month, how often have you had a weak stream? | 0 | 1 | 2 | 3 | 4 | 5 |
| 6. STRAINING During the last month, how often have you had to push or strain to begin urination? | 0 | 1 | 2 | 3 | 4 | 5 |
| 7. NOCTURIA During the last month, how many times did you most typically get up to urinate from the time you went to bed until the time you got up in the morning? | 0 | 1 | 2 | 3 | 4 | 5 |



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| PATIENT'S NAME | | DATE | | | | | |
|--|----------------|-----------------------------------|----------------------------|------------------------|----------------------------|------------------|--|
| | | | | | | | |
| | NOT AT ALL | LESS THAN 1 TIME IN 5 | LESS THAN HALF THE TIME | ABOUT HALF THE TIME | MORE THAN HALF THE TIME | ALMOST ALWAYS | |
| 8. QUALITY OF LIFE How would you feel if you had to live wurinary condition the way it is now, no no worse, for the rest of your life? | | 1 | 2 | 3 | 4 | 5 | |
| FOR OFFICE STAFF | | | | | | | |
| ADD THE SCORE FOR EACH NUMBER SYMPTOM SCORE = 1 - 7 MILD 8 - | | 1 OUS PAGE, A 20 - 35 S | | TOTAL IN THE | SPACE TO THE | RIGHT. | |
| O = DELIGHTED 1 = PLEASED 2 | = MOSTLY SATIS | SFIED 3 = N | 1IXED 4 = MOS | STLY NOT SATI | ISFIED 5 = UNI | HAPPY | |
| | | | | | | | |
| IMAGING HISTORY | | | | | | | |
| 28. DID THEY DIAGNOSE YOU US | ING: | | | | | | |
| A. DIRECT RECTAL EXAM (DRE) | | | | | | | |
| B. ULTRASOUND | | | | | | | |
| C. MRI | | | | | | | |
| 29. ARE YOU CLAUSTROPHOBIC? | YES | ○ NO | | | | | |
| 30. DO YOU HAVE ANY METAL IN YOUR BODY? O YES O NO | | | | | | | |
| A. IF SO, WHAT IS IT AND HOW LONG HAS IT BEEN THERE? | | | | | | | |
| 31. HAVE YOU EVER HAD A URODYNAMIC STUDY OF URINE FLOW? Or YES ONO | | | | | | | |
| A. IF SO, WHEN? | | | | | | | |
| | | | | | | | |
| HOW DID YOU FIRST HEAR ABOUT US? | | | | | | | |
| ○ WEBSITE | O PHYSICIAN | | | | | | |
| O RADIO | INSURANCE | ELIST | | | | | |
| ○ TV | O EVENT | | | | | | |
| ○ FRIEND | OTHER: | | | | | | |