International Prostate Symptom Score (I-PSS)

Patient's Name

Date of Birth Date Completed

	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	Your score
1. Incomplete emptying Over the past month, how often have you had a sensation of not emptying your bladder completely after you finished urinating?	0	1	2	3	4	5	
2. Frequency Over the past 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 Over the past month how often have you found you stopped and started again several times when you urinated?	0	1	2	3	4	5	
4. Urgency Over the past month, how often have you found it difficult to postpone urination?	0	1	2	3	4	5	
5. Weak stream Over the past month, how often have you had a weak urinary stream?	0	1	2	3	4	5	
6. Straining Over the past month, how often have you had to push or strain to begin urination?	0	1	2	3	4	5	

	None	1 time	2 times	3 times	4 times	5 times or more	
7. Nocturia Over the past month, how many times did you most typically get up to urinate from the time you went to bed at night until the time you got up in the morning?	0	1	2	3	4	5	
Total I-PSS Score							

Quality of Life Due to Urinary Symptoms

	Delighted	Pleased	Mostly satisfied	Mixed-About equally satisfied and dissatisfied	Mostly dissatisfied	Unhappy	Terrible
If you were to spend the rest of your life with your urinary condition just the way it is now, how would you feel about that?	0	1	2	3	4	5	6

The International Prostate Symptom Score (I-PSS) is based on the answers to seven questions concerning urinary symptoms. Each question allows the patient to choose one of five answers indicating increasing severity of the particular symptom. The answers are assigned points from 0 to 5. The total score can therefore range from 0 to 35 (asymptomatic to very symptomatic). Furthermore, the International Consensus Committee (ICC) recommends the use of only a single question to assess the quality of life. The answers to this question range from "delighted" to "terrible" or 0 to 6. Although this single question may or may not capture the global impact of BPH symptoms or quality of life, it may serve as a valuable starting point for a doctor-patient conversation. The ICC strongly recommends that all physicians who counsel patients suffering from symptoms of prostatism utilize these measures not only during the initial interview but also during and after treatment in order to monitor treatment response.

The ICC under the patronage of the World Health Organization (WHO) has agreed to use the symptom index for benign prostatic hyperplasia (BPH), which has been developed by the American Urological Association (AUA) Measurement Committee, as the official worldwide symptoms assessment tool for patients suffering from prostatism.

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CONTAINS 50% RECYCLED MATERIAL

Putnam County's

Wellness Works!

Bulletin

SKIN CANCER PREVENTION - WHO, WHAT, HOW AND WHEN

"There's no safe way to tan!", says dermatologist, Grace Federman. Any suntan is an indication that the skin has been damaged by the sun. Over 600,000 new cases of skin cancer will be reported this year. Skin cancer is one of the most curable forms of cancer when it's discovered early. **It's also the most preventable.**

WHO is likely to get skin cancer?

People who burn easily and those individuals who stay out in the sun for long periods of time on a regular basis.

WHAT are the major forms of skin cancer?

Basal Cell Carcinoma is the most common kind of skin cancer. It is a slow growing cancer which begins with a small shiny, pearly bump on the skin.

Squamous Cell Carcinoma - Start as nodules, or red patches with well-defined outlines, most often found on the lips or other parts of the face or tip of the ears. Unlike Basal Cell carcinoma, these can spread to other parts of the body.

Malignant Melanoma - the least common and most serious. It may originate in or near a mole, these cells grow larger and are often a mixture of colors of black, brown or sometimes red and blue. If caught early, it is completely curable. If not treated, it could spread throughout the body.

HOW can you help prevent skin cancer?

COVER UP! Wear a wide-brimmed hat, long sleeved shirt and long pants. Beware, you can get a burn even on a cloudy or overcast day -- so cover up.

Limit exposure to the sun from 10 A.M. to 2 P.M. The sun is most intense during these hours.

Use a sunscreen with an SPF of 15 or greater. Children should use an SPF of 30.

WHEN should you see your doctor?

As soon as you suspect a problem or see any change in skin color, moles or nodules.

For further information on skin cancer contact the American Cancer Society at 225-2334 or Wellness Committee Coordinator, Karen Tuchman, RN, at 278-6558.

Sponsored by Putnam County Employee Wellness Committee

Patient History

Skin Cancer Identification and Early Intervention Program

Name _____ Date of birth _____ Date _____

Location _____ Tel (w)_____ (h) _____

Address _____

Social Security # _____ Insurance Plan _____

Please complete the following information as best as you can:

Sex ___ M ___ F Race: ___ white ___ black ___ hispanic
___ haitian ___ asian ___ other _____

Personal & Family Health History:
(check those which apply to you, your sibling, mother, father or a grandparent)

Self	Family		Self	Family	
___	___	sunburn as teen or as child	___	___	moles, birth marks
___	___	skin condition	___	___	skin cancer
___	___	other cancers	___	___	allergies/rashes

Are you currently seeing a doctor for any of the above? ___ No ___ Yes. If yes,

please specify _____

Describe any condition you have checked above, and if known, indicate the location of the problem or condition on the body. Specify if any skin cancer noted was Melanoma.

_____

_____

Do you currently have any general health problems? Please note_____

_____

Are you currently taking any medications? ___ No ___ Yes If yes, please list them

_____

When you go into the sun: Always burn, never tan ___ Sometimes burn, usually tan ___
(choose one only) Usually burn, tan w/difficulty ___ Rarely burn, tan easily___

wellness Wi institute

I hereby give permission to the skin cancer screening and intervention program provided by the Wellness Institute, Inc. and my employer to give me screening, medical evaluation, counseling, and related medical services.

I further agree to the appropriate release of the medical records kept by this program to providers, my physician, and my health insurance plan.

I authorize an assignment of my benefits and payment of medical benefits to Wellness Institute, Inc. for services rendered. I further agree that if my health plan does not pay the full amount for this service due to my not meeting a deductible, making a co-payment, lack of eligibility, or any other reason, that I will be responsible for the fee charged by Wellness Institute Inc. and will make payment in full for same.

Dated: _____ _____

Signature

Optimal care include coordination with your personal physician. We therefore require that in addition to yourself, your personal physician will receive the results of your screening. Please provide the following information:

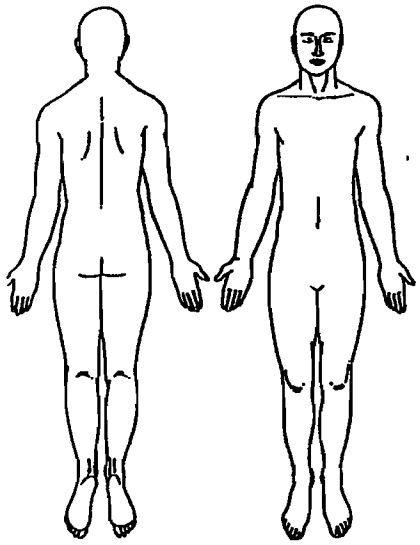
Physician Name_____

Mailing Address_____

If you do not currently have a personal physician, you will not be eligible for the screening. If you wish to locate a physician and need assistance, please contact your benefit office.

To be completed at Screening

Patient DOB _____



Lifestyle Habits

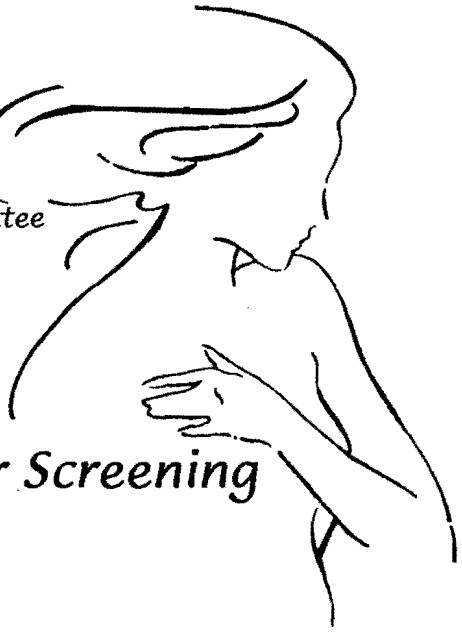
	Yes	No
Time Out of Doors		
Time Out of Doors >1 hour per day (avg wk)	___	___
Time Out of Doors >2 hours per day (avg wk)	___	___
Time Out of Doors weekend only >2 hours	___	___
Time Out of Doors weekend only >4 hours	___	___
Time Out of Doors Between 10 AM and 3 PM	___	___
>2 hours	___	___
>4 hours	___	___

Protection	Never	Some	Often	Always
Wear cover up when out of doors:	___	___	___	___
Always wear sunscreen >15 SPF when out of doors	___	___	___	___
Other Issues				
Only go out when it's cloudy	___	___	___	___
Stay in pool on hot days	___	___	___	___
Ski or do other winter sports	___	___	___	___
Use sunlamps/tanning parlor	___	___	___	___
Sunbath for tan in summer	___	___	___	___
Exposure to x-rays	___	___	___	___
Exposure to coal tar or arsenic	___	___	___	___

Identify the discloloration, mole, spot, birthmark, or growth that concerns you on the figure above to indicate its location. Has it done any of the following?

___ change in size ___ change in shape ___ change in color

___ new growth/spot, etc. ___ sore won't heal ___ other _____



An interest survey by the Putnam County Employee Wellness Committee

Would You...

Like to have a Breast Cancer Screening At Work?

Please answer the following questions:

1. ***I have had a mammogram within the last year*** ***Yes ___ No ___***

2. ***I am age 40 or older.*** ***Yes ___ No ___***

3. ***I have a family history of breast cancer.*** ***Yes ___ No ___***

4. ***I have never had a mammogram.*** ***Yes ___ No ___***

5. ***I am concerned that something will be found.*** ***Yes ___ No ___***

6. ***I don't have the time to get a mammogram.*** ***Yes ___ No ___***

7. ***I have no health insurance, and/or the co-payment may be a problem for me.**** ***Yes ___ No ___***

8. ***I don't know where to go for quality services.*** ***Yes ___ No ___***

****If you answered yes to #7, and you are 40 or older, you may be eligible for a free mammogram offered by your insurance or the Putnam Breast Health Partnership. Contact Lorraine for details.***

Please complete the following, if you answered yes to questions 2, 3, 4 or 8.

9. ***I would have a mammogram at a worksite program if it was at a convenient time and place for me.*** ***Yes ___ No ___***

10. ***The most convenient time of day for me is: _____ (allow about 15 minutes)***

11. ***The most convenient worksite facility for me is: _____***

12. ***I am interested and will attend an information session on early detection of of breast cancer and treatment options.*** ***Yes___ No___***

Please return your response to:
Lorraine Ciaiola, Nursing Division, Kern Building
If you have questions, call Lorraine at 278-6558