

AUA SYMPTOM SCORE

PATIENT NAME: _____

DATE: _____

1. **Incomplete Emptying:**

Over the past month, how often have you had the sensation of not emptying your bladder completely after you finished urinating?

- 0-Not at all
- 1-Less than one time in five
- 2-Less than half the time
- 3-About half the time
- 4-More than half the time
- 5-Almost always

2. **Frequency:**

Over the past month, how often have you had to urinate again less than two hours after you finished urinating?

- 0-Not at all
- 1-Less than one time in five
- 2-Less than half the time
- 3-About half the time
- 4-More than half the time
- 5-Almost always

3. **Intermittency:**

Over the past month, how often have you found you stopped and started again several times when you urinated?

- 0-Not at all
- 1-Less than one time in five
- 2-Less than half the time
- 3-About half the time
- 4-More than half the time
- 5-Almost always

4. **Urgency:**

Over the past month, how often have you found it difficult to postpone urination?

- 0-Not at all
- 1-Less than one time in five
- 2-Less than half the time
- 3-About half the time
- 4-More than half the time
- 5-Almost always

5. Weak Stream:

Over the past month, how often have you had a weak urinary stream?

- 0-Not at all
- 1-Less than one time in five
- 2-Less than half the time
- 3-About half the time
- 4-More than half the time
- 5-Almost always

6. Straining:

Over the past month, how often have you had to push or strain to begin urination?

- 0-Not at all
- 1-Less than one time in five
- 2-Less than half the time
- 3-About half the time
- 4-More than half the time
- 5-Almost always

7. Nocturia:

Over the past month, how many times did you most typically get up from the time you went to bed at night until the time you got up in the morning?

- 0-None
- 1-One time
- 2-Two times
- 3-Three times
- 4-Four times
- 5-Five or more times

TOTAL SYMPTOM SCORE = SUM OF QUESTIONS 1-7=_____

Score Interpretation:

- 0-7 Mild Symptoms**
- 8-19 Moderate Symptoms**
- 20-35 Severe Symptoms**

Quality of life due to urinary symptoms:

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 this?

- 1-Completely satisfied
- 2-Mostly satisfied
- 3-Mixed: about equally satisfied and dissatisfied
- 4-Mostly dissatisfied
- 5-Completely dissatisfied
- 6-Miserable