

Patient Name \_\_\_\_\_

Date \_\_\_\_\_

Birthdate \_\_\_\_\_

**American Urological Association (AUA) Symptom Index**

1)	<b>INCOMPLETE EMPTYING</b> Over the last month, how often have you had a sensation of not emptying your bladder completely after you finished urinating?	Not at all <b>0</b>	Less than 1 time in 5 <b>1</b>	Less than half the time <b>2</b>	About half the time <b>3</b>	More than half the time <b>4</b>	Almost always <b>5</b>
2)	<b>FREQUENCY</b> During the last month, how often have you had to urinate again less than 2 hours after you finished urinating?	Not at all <b>0</b>	Less than 1 time in 5 <b>1</b>	Less than half the time <b>2</b>	About half the time <b>3</b>	More than half the time <b>4</b>	Almost always <b>5</b>
3)	<b>INTERMITTENCY</b> During the last month when you urinate, how often have you stopped and started again several times?	Not at all <b>0</b>	Less than 1 time in 5 <b>1</b>	Less than half the time <b>2</b>	About half the time <b>3</b>	More than half the time <b>4</b>	Almost always <b>5</b>
4)	<b>URGENCY</b> During the last month, how often have you found it difficult to postpone urination?	Not at all <b>0</b>	Less than 1 time in 5 <b>1</b>	Less than half the time <b>2</b>	About half the time <b>3</b>	More than half the time <b>4</b>	Almost always <b>5</b>
5)	<b>WEAK STREAM</b> During the last month, how often have you had a weak urinary stream?	Not at all <b>0</b>	Less than 1 time in 5 <b>1</b>	Less than half the time <b>2</b>	About half the time <b>3</b>	More than half the time <b>4</b>	Almost always <b>5</b>
6)	<b>STRAINING</b> During the last month, how often have you had to push or strain to begin urination?	Not at all <b>0</b>	Less than 1 time in 5 <b>1</b>	Less than half the time <b>2</b>	About half the time <b>3</b>	More than half the time <b>4</b>	Almost always <b>5</b>
7)	<b>NOCTURIA</b> During the last 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?	Not at all <b>0</b>	Less than 1 time in 5 <b>1</b>	Less than half the time <b>2</b>	About half the time <b>3</b>	More than half the time <b>4</b>	Almost always <b>5</b>
<b>Totals for each column</b>							

**Total AUA Symptom Score** (Add above column totals together)

**AUA Symptom Score Scale:    1 – 7 Mild       8 – 19 Moderate       20 – 35 Severe**

**The Disease Specific Quality of Life Question**

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?	Delighted <b>0</b>	Pleased <b>1</b>	Mostly Satisfied <b>2</b>	Mixed <b>3</b>	Mostly disappointed <b>4</b>	Unhappy <b>5</b>	Terrible <b>6</b>
---	-----------------------	---------------------	------------------------------	-------------------	---------------------------------	---------------------	----------------------