

AUA SYMPTOM SCORE (AUA)

Score your answers to the following questions from 0 to 5



NOT AT ALL

LESS THAN
1 IN 5 TIMES

LESS THAN
HALF THE TIME

ABOUT HALF
THE TIME

MORE THAN
HALF THE TIME

ALMOST ALWAYS

1. Over the past month or so, how often have you had a sensation of not emptying your bladder completely after you finish urinating?

2. During the past month or so, how often have you had to urinate again less than two hours after you finished urinating?

3. During the past month or so, how often have you found you stopped and started again several times when you urinated?

4. During the past month or so, how often have you found it difficult to postpone urination?

5. During the past month or so, how often have you had a weak urinary stream?

6. During the past month or so, how often have you had to push or strain to begin urination?



NONE

1 TIME

2 TIMES

3 TIMES

4 TIMES

5 OR MORE

7. Over the past month, how many times per night 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?

Add your score from questions 1 - 7 above and fill in to the right.

TOTAL: _____

SYMPTOM SCORE: 1 - 7 (Mild) 8-19 (Moderate) 20-35 (Severe)

QUALITY OF LIFE



NONE

1 TIME

2 TIMES

3 TIMES

4 TIMES

5 OR MORE

Over the past month, how many times per night 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?
