

Name _____

Date _____

American Urological Association (AUA) Symptom Index for BPH

	<u>Not at all</u>	<u>Less than 1 time in 5</u>	<u>Less than half the time</u>	<u>About half the time</u>	<u>More than half the time</u>	<u>Almost always</u>
1. Incomplete emptying						
Over the last month, how often have you had a sensation of not emptying your bladder after you finished urinating?	0	1	2	3	4	5
2. Frequency						
During the last month, how often have you had to urinate again less than 2 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 when you urinated?	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 urinary stream?	0	1	2	3	4	5
6. Straining						
During the last month, how often have you had to push or strain to begin urinating?	0	1	2	3	4	5
7. Nocturia						
During the last month, how many <u>times</u> 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?	None 0	Once 1	Twice 2	Three 3	Four 4	Five 5

Quality of Life

	<u>Delighted</u>	<u>Pleased</u>	<u>Mostly satisfied</u>	<u>Mixed</u>	<u>Mostly disappointed</u>	<u>Unhappy</u>	<u>Terrible</u>
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