

Name: _____

Today's Date: _____

DOB: _____

American Urological Association (AUA) Symptom Index for BPH

1. INCOMPLETE EMPTYING

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

Not At all	Less than 1 out of 5	Less than 1/2 the time	About 1/2 the time	More than 1/2 the time	Almost Always
0	1	2	3	4	5

2. FREQUENCY

During the last month, how often have you had to urinate again less than 2 hrs after you finished urinating?

Not At all	Less than 1 out of 5	Less than 1/2 the time	About 1/2 the time	More than 1/2 the time	Almost Always
0	1	2	3	4	5

3. INTERRMITTENCY

During the last month, how often have you stopped and started again several times when you used the restroom?

Not At all	Less than 1 out of 5	Less than 1/2 the time	About 1/2 the time	More than 1/2 the time	Almost Always
0	1	2	3	4	5

4. URGENCY

During the last month, how often have you found it difficult to postpone urination?

Not At all	Less than 1 out of 5	Less than 1/2 the time	About 1/2 the time	More than 1/2 the time	Almost Always
0	1	2	3	4	5

5. WEAK STREAM

During the last month, how often have you had a week urinary stream?

Not At all	Less than 1 out of 5	Less than 1/2 the time	About 1/2 the time	More than 1/2 the time	Almost Always
0	1	2	3	4	5

6. STRAINING?

During the last month, how often have you had to push or strain to begin urination?

Not At all	Less than 1 out of 5	Less than 1/2 the time	About 1/2 the time	More than 1/2 the time	Almost Always
0	1	2	3	4	5

7. NOCTURIA

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	Less than 1 out of 5	Less than 1/2 the time	About 1/2 the time	More than 1/2 the time	Almost Always
0	1	2	3	4	5

NOW ADD UP YOUR SYMPTOM SCORE:

TOTAL: _____

(1-7 MILD, 8-19 MODERATE, 20-35 SEVERE)

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 Pleased Mostly Satisfied Mixed Mostly Dissatisfied Unhappy Terrible

0	1	2	3	4	5	6
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