

AMERICAN UROLOGY ASSOCIATION SYMPTOM SCORE

DATE: _____

NAME:

| | omploto omn | tuing: Over th | na nast manth | how often has | to you had a co | ncation of no | t omntving v |
|-------|---|---|---|-----------------------------------|--|---|------------------|
| | ncomplete emptying: Over the past month, how often have you had a sensation of not emptying you bladder completely after you finished urinating? | | | | | | |
| Dia | | | Less than half | | Mara than half | Almost | Vourseere |
| | Not at all | Less than 1 time in 5 | the time | Half the time | More than half the time | Almost | Your score |
| | 0 | time in 5 | 2 | 3 | the time | always 5 | |
| | V | | | . 3 | 7 | S | |
| . Fre | quency: Over | the past mont | h, how often hav | ve you had to u | rinate again less | than 2 hours a | ifter you finish |
| | nating? | ' | , | , | Ö | | , |
| | | Less than 1 | Less than half | Half the time | More than half | Almost | Your score |
| | Not at all | time in 5 | the time | | the time | always | |
| | 0 | 1 | 2 | 3 | 4 | 5 | |
| | | | | | | | |
| | - | • | nonth, how ofte | n have you fou | ınd that you stop | ped and start | ed again seve |
| tim | ie <u>s when you ι</u> | rinated? | | | | | |
| | | Less than 1 | Less than half | Half the time | More than half | Almost | Your score |
| | Not at all | time in 5 | the time | | the time | always | |
| | 0 | 1 | 2 | 3 | 4 | 5 | |
| | | | | | | | |
| . Ur | | | | | fficult to postpon | | T |
| | Not at all | Less than 1 | Less than half | Half the time | More than half | Almost | Your score |
| | | time in 5 | the time | | the time | always | |
| | 0 | 1 | 2 | 3 | 4 | 5 | |
| 14/6 | ak stroom. O | or the past m | anth haw aften | have you had a | wook stroom? | | |
| . vve | Not at all | Less than 1 | onth, how often Less than half | Half the time | More than half | Almost | Vour score |
| | NOT at all | time in 5 | the time | Hall the time | the time | | Your score |
| | 0 | 1 | 2 | 3 | 4 | always 5 | |
| | V | | | . 3 | 7 | S | |
| | Straining: Over the past month, how often have you had to push or strain to begin urination? | | | | | | |
| Str | aining: Over th | າe past month. | how often have | vou had to pus | sh or strain to be | gin urination? | |
| . Str | aining: Over th | | | | | _ | Your score |
| Str | aining: Over the | Less than 1 | Less than half | Half the time | More than half | Almost | Your score |
| Str | | | | | | _ | Your score |
| . Str | Not at all | Less than 1 time in 5 | Less than half the time | Half the time | More than half the time | Almost always | Your score |
| | Not at all | Less than 1 time in 5 | Less than half the time 2 | Half the time | More than half the time | Almost always 5 | |
| . No | Not at all 0 cturia: Over th | Less than 1 time in 5 1 ne past month | Less than half the time 2 | Half the time | More than half the time 4 | Almost always 5 | |
| . No | Not at all 0 cturia: Over th | Less than 1 time in 5 1 ne past month you got up in | Less than half the time 2 or so, how mar the morning? | Half the time | More than half the time 4 ou get up to urina | Almost always 5 ate from the t | |
| . No | Not at all 0 cturia: Over th | Less than 1 time in 5 1 ne past month | Less than half the time 2 or so, how mar | Half the time 3 ny times did yo | More than half the time 4 | Almost always 5 | ime you went |
| No | Not at all 0 cturia: Over the until the time | Less than 1 time in 5 1 ne past month you got up in | Less than half the time 2 or so, how mar the morning? | Half the time 3 ny times did yo | More than half the time 4 ou get up to urina | Almost always 5 ate from the t | ime you went |

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

just the way it is now, how would you feel about that? (Please circle your answer)