



## AUA SYMPTOM SCORE

Name:	MRN:	Date:
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**Please circle the best response that pertains to each of the seven questions listed below and list your score next to each question. When the questionnaire is completed, tally up each score for your total AUA score.**

**1. Incomplete emptying: Over the past month, how often have you had a sensation of not emptying your bladder completely after you finished urinating?**

Not at all	Less than 1 time in 5	Less than half the time	About half the time	More than half the time	Almost always	Your Score:
0	1	2	3	4	5	

**2. Frequency: Over the past month, how often have you had to urinate again less than 2 hours after you finished urinating?**

Not at all	Less than 1 time in 5	Less than half the time	About half the time	More than half the time	Almost always	Your Score:
0	1	2	3	4	5	

**3. Intermittency: Over the past month, how often have you found that you stopped and started again several times when you urinated?**

Not at all	Less than 1 time in 5	Less than half the time	About half the time	More than half the time	Almost always	Your Score:
0	1	2	3	4	5	

**4. Urgency: Over the past month, how often have you found it difficult to postpone urination?**

Not at all	Less than 1 time in 5	Less than half the time	About half the time	More than half the time	Almost always	Your Score:
0	1	2	3	4	5	

**5. Weak-Stream: Over the past month, how often have you had a weak stream?**

Not at all	Less than 1 time in 5	Less than half the time	About half the time	More than half the time	Almost always	Your Score:
0	1	2	3	4	5	

**6. Straining: Over the past month, how often have you had to push or strain to begin urination?**

Not at all	Less than 1 time in 5	Less than half the time	About half the time	More than half the time	Almost always	Your Score:
0	1	2	3	4	5	

**7. Nocturia: Over the past month or so, how many times did you get up to urinate from the time you went to bed until the time you got up in the morning?**

Not at all	Less than 1 time in 5	Less than half the time	About half the time	More than half the time	Almost always	Your Score:
0	1	2	3	4	5	

**Total AUA Score:** \_\_\_\_\_

**8. How would you feel if you had to live with your urinary condition the way it is now, no better, no worse, for the rest of your life?**

Delighted	Pleased	Mostly Satisfied	Mixed	Mostly Dissatisfied	Unhappy	Terrible	Your Score:
0	1	2	3	4	5	6	