

Patient Last Name _____ FirstName _____ Middle Initial _____

Social Security# _____ Hospital Medical Record # _____

Date of Birth _____ Today's Date _____ Age _____

Urinary Tract Symptoms: AUA Symptom Index

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

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

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

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

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

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

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

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

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

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

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

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

7. Over the past 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?

- 0 None
 - 1 One time
 - 2 Two times
 - 3 Three times
 - 4 Four times
 - 5 Five times or more
- Score _____

TOTAL SCORE _____

Bothersomeness

If you were to spend the rest of your life with your prostate symptoms just as they are now, how would you feel about that?

- Delighted
- Pleased
- Mostly satisfied
- Mixed
- Mostly dissatisfied
- Unhappy
- Terrible

BPH Impact Index

1. Over the past month, how much physical discomfort did any urinary problems cause you?

- 0 None
 - 1 Only a little
 - 2 Some
 - 3 A lot
- Score _____

2. Over the past month, how much did you worry about your health because of any urinary problems?

- 0 None
 - 1 Only a little
 - 2 Some
 - 3 A lot
- Score _____

3. Overall, how bothersome has any trouble with urination been during the past month?

- 0 None
 - 1 Only a little
 - 2 Some
 - 3 A lot
- Score _____

4. Over the past month, how much of the time has any urinary problem kept you from doing the kinds of things you would usually do?

- 0 None of the time
 - 1 A little of the time
 - 2 Some of the time
 - 3 Most of the time
 - 4 A lot
- Score _____

TOTAL SCORE _____