

American Urological Association (AUA) Urinary Symptom Score 33 W. 46 ST. 5th Floor, NY, NY 10036

MEASURE YOUR SYMPTOMS

Patient Name:	Age: Todays Date:					
It's easy with the Symptom Calculator! Use this Symptom Calculator to help you evaluate and assess your uring						ptoms.
Do you have any problems when you urinate? seven questions is 8 or greater or if you are bothe		end that you tal	k with a health o	care provider	if your total score	on the first
Have you noticed any of the following when you answer for you and write your score in the right-ha	_	to the bathro	om to urinate o	over the past	month? Circle t	the correct
	0	1 ass than	2 Less than	3	Mora than	5 Almost
	Not at all	Less than 1 time in 5	half the time	About half the time	More than half the time	always
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	Less than half the time	About half	More than	Almost
2. Frequency		1 time in 5	nan the time	the time	half the time	always
Over the past month, how often have you had to urinate again less than two hours after you finished urinating?	Not at all	Less than 1 time in 5	Less than half the time	About half	More than half the time	Almost
3. Intermittency		umemb	nan the time	the time	nan the time	
Over the past month, how often have you found you stopped and started again several times when you urinated?	Not at all	Less than	Less than	About half	More than half the time	Almost
4. Urgency		1 time in 5	half the time	the time		always
Over the past month, how often have you found it difficult to postpone urination?				- O-		
	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
5. Weak stream						
Over the past month, how often have you had a weak urinary 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
6. Straining	<u> </u>					
Over the past month, how often have you had to push or strain to begin urination?			Loss than	About half	Marathan	Almost
	Not at all	Less than 1 time in 5	Less than half the time	About half the time	More than half the time	always
7. Nocturia	None	1 time	2 times	3 times	4 times	5 or more times
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?						
Total score: 0-7 mild symptoms; 8-19	moderate s	symptoms; 2	0-35 severe s	symptoms	Total Score:	0
8. Bother score	Delighted	Pleased	Mostly Mi	ixed Mo		Terrible
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?			-()——() 	
you reel about that:		_		-	-	