

Name _____

DATE _____

AUA SYMPTOM SCORE

Please answer the following questions based on <u>your usual day</u> considering just the past month. How often have you had:	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
1)...the sense of not being completely empty after voiding?	0	1	2	3	4	5
2)...the need to urinate again within 2 hours of the prior void?	0	1	2	3	4	5
3)...an interrupted stream (“stop and go”)?	0	1	2	3	4	5
4)...difficulty postponing urination?	0	1	2	3	4	5
5)...a very weak stream?	0	1	2	3	4	5
6)...to strain to begin urination?	0	1	2	3	4	5

Subtotal: _____

7)How many times per night do you <u>usually</u> get up to void?	0	1	2	3	4	5
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Total Score: _____