

AUA PATIENT SYMPTOM SCORE QUESTIONNAIRE

The American Urological Association (AUA) has created this symptom index to give you and your physician an understanding of the severity of your enlarged prostate symptoms.

Question	None	Less than 1 time in 5	Less than half the time	About half the time	More than half the time	Almost always	Your score
Incomplete emptying: Over the past month, how often have you had a sensation of not emptying your bladder completely after you finished urinating?	0	1	2	3	4	5	
Frequency: Over the past month, how often have you had to urinate again less than 2 hours after you finished urinating?	0	1	2	3	4	5	
Intermittency: Over the past month, how often have you found that you stopped and started again several times when you urinated?	0	1	2	3	4	5	
Urgency: Over the past month, how often have you found it difficult to postpone urination?	0	1	2	3	4	5	
Weak stream: Over the past month, how often have you had a weak urinary stream?	0	1	2	3	4	5	
Straining: Over the past month, how often have you had to push or strain to begin urination?	0	1	2	3	4	5	
Nocturia: 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	1	2	3	4	5	

SYMPTOM SCORE

Add up the points for all questions to determine the severity of your symptoms

TOTAL:

If you scored 8 points or higher, you should consult your doctor. Symptom Score (Severity):

0 to 7 (Mild) 8 to 19 (Moderate) 20 to 35 (Severe)

RATE YOUR CURRENT SATISFACTION

These questions are intended to help evaluate your satisfaction with your current enlarged prostate therapy. If you are not completely satisfied, ask your doctor about other treatment options.

How much do you agree or disagree with each of the following statements about your enlarged prostate treatment? Check one answer for each.

Question	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
I am completely satisfied with the symptom relief I'm getting with my current enlarged prostate symptoms.					
I do not like the idea of taking daily medications indefinitely to relieve my enlarged prostate symptoms.					
I am bothered by one or more of the side effects of enlarged prostate medications (such as lowered sexual drive, erection problems, dizziness, low blood pressure, nasal congestion).					

After you have completed both sides of this form, please present this to your doctor and ask him/her to discuss your enlarged prostate treatment options.

Disclaimer: This questionnaire is meant for informational purposes only and may not be used for self-diagnosis. Please consult your doctor or qualified healthcare provider regarding your condition and appropriate medical treatment.

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