

ADVANCED UROLOGY ASSOCIATES, L.L.C.

113 Westminster Road, Suite 102, Reisterstown, MD 21136 - Main Office

Phone (410) 526-4401 (410) 751-2363

Fax (410) 526-4414

Patient: _____ Date: _____

American Urological Association Symptom Score Sheet

Choose the appropriate number when you consider questions 1 thru 6.

Not at all	Less than 1 time in five (10-20%)	Less than 1/2 the time (20-30%)	About 1/2 the time (50%)	More than 1/2 the time (60-70%)	Almost always (80-100%)
0	1	2	3	4	5

QUESTIONS	SYMPTOM	SCORE
1. How often have you had a sensation of not emptying your bladder completely after you finished urinating?	Incomplete Emptying	
2. How often have you had to urinate again less than 2 hours after you finished urinating?	Frequency	
3. How often have you found you stopped and started again several times when you urinated?	Intermittency	
4. How often have you found it difficult to postpone urination?	Urgency	
5. How often have you had a weak urinary stream?	Weak Stream	
6. How often have you had to push or strain to begin urination?	Straining	
How many times did you typically get up at night to urinate from the time you went to bed until getting up?	Nocturia 0 - 1 - 2 - 3 - 4 - 5 or More	

Bother Score _____

Quality of life due to urinary problems. 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 it? [Circle one]

- | | | |
|----------------------|--|-------------------------|
| [1] Delighted | [4] Mixed (about equally satisfied and dissatisfied) | [5] Mostly dissatisfied |
| [2] Pleased | | [6] Unhappy |
| [3] Mostly satisfied | | [7] Terrible |