

Name & DOB:

Date:

Urinary Symptom Score: Circle the response correct for you for all SEVEN questions.

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 one (1) time in five (5)	Less than half the time	About half the time	More than half the time	Almost always
0	1	2	3	4	5

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

Not at all	Less than one (1) time in five (5)	Less than half the time	About half the time	More than half the time	Almost always
0	1	2	3	4	5

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

Not at all	Less than one (1) time in five (5)	Less than half the time	About half the time	More than half the time	Almost always
0	1	2	3	4	5

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

Not at all	Less than one (1) time in five (5)	Less than half the time	About half the time	More than half the time	Almost always
0	1	2	3	4	5

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

Not at all	Less than one (1) time in five (5)	Less than half the time	About half the time	More than half the time	Almost always
0	1	2	3	4	5

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

Not at all	Less than one (1) time in five (5)	Less than half the time	About half the time	More than half the time	Almost always
0	1	2	3	4	5

7. Nocturia: Over the past month or so, how many times did you get up to urinate from the time you went to bed until the time you got up in the morning?

Not at all	1 Time	2 times	3 Times	4 Times	5 or more
0	1	2	3	4	5

Add up your scores above for total AUA score = _____

8. Quality of Life Due to Urinary Symptoms: 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?

Delighted	Pleased	Mostly satisfied	Mixed	Mostly dissatisfied	Unhappy	Terrible
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