

AUA BPH Symptom Score Questionnaire

Patient Name: _____

DOB: _____

Date Completed: _____

	Not at all	Less than 1 in 5 times	Less than half the time	About half the time	More than half the time	Almost always	Your Score
1. Over the past month, how often have you had a sensation of not emptying your bladder completely after you finish urinating?	0	1	2	3	4	5	
2. Over the past month, how often have you had to urinate again less than two hours after you finish urinating?	0	1	2	3	4	5	
3. Over the past month, how often have you stopped and started again several times when you urinate?	0	1	2	3	4	5	
4. Over the past month, how often have you found it difficult to postpone urination?	0	1	2	3	4	5	
5. Over the past month, how often have you had a weak urinary stream?	0	1	2	3	4	5	
6. Over the past month, how often have you had to push or strain to begin urination?	0	1	2	3	4	5	
	None	1 Time	2 Times	3 Times	4 Times	5 or More	
7. 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	
Total Symptom Score							

Score: 1-7 Mild 8-19 Moderate 20-35 Severe

Bother Score Due to Urinary Symptoms

Rate the bothersomeness of your symptoms by circling the number below that best describes your feelings.

	Delighted	Pleased	Mostly Satisfied	Mixed	Mostly Dissatisfied	Unhappy	Terrible
Bothersomeness of Urinary Symptoms How would you feel if you had to live with your urinary condition the way it is now, no better, no worse, for the rest of your life?	0	1	2	3	4	5	6

Disclaimer: This material is provided for information purposes only and it is not a substitute for a consultation. You should consult with an urologist regarding your specific symptoms or medical conditions.