



AUA Symptom Index for BPH

Patient Name _____ Date of Visit _____

Urinary Symptoms

	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. Over the past month, how often have you had the sensation that your bladder was not Completely empty after you finished urinating?	0	1	2	3	4	5
2. Over the past month, how often have you had to urinate again less that two hours After you last finished urinating?	0	1	2	3	4	5
3. Over the past month, how often have you found you stopped and started again several times while urinating?	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 urinating?	0	1	2	3	4	5
7. Over the past month how many times did you typically get up to urinate each night, from the time you went to bed until the time you got up in the morning?	None	1 time	2 times	3 times	4 times	5 times

Total AUA Symptom Score = Sum of questions 1-7