American Urologcal Association (AUA) Symptom Index

| 1. INCOMPLETE EMPTYING | Not | Not Less than Less than | | | More than | Almost |
|--|-------------------------|---|---------------|------------|---------------|--------------|
| Over the last month, how often have you had a sensation of not | at all | 1 time in 5 half the time the time half the tir | | | half the time | always |
| emptying your bladder completely after you finished urinating? | 0 | 0 1 2 | | 3 | 4 | 5 |
| | | | | | | |
| 2. FREQUENCY | Not Less than | | Less than | About half | More than | Almost |
| During the last month, how often have you had to urinate again | at all 1 time in 5 half | | half the time | | | always |
| less than 2 hours after you finished urinating? | 0 | 1 | 2 | 3 | 4 | 5 |
| 3. INTERMITTENCY | | | | | | |
| | Not | | | About half | | Almost |
| During the last month, how often have you stopped and started | at all | | | | half the time | always |
| again several times when you urinated? | U | 0 1 2 | | 3 4 | | 5 |
| 4. URGENCY | Not | Less than | Less than | About half | More than | Almost |
| During the last month, how often have you found it difficult | at all | | | the time | half the time | always |
| to postpone urination? | 0 | 1 | 2 | 3 | 4 | 5 |
| | | | | | | |
| 5. WEAK STREAM | Not | Less than | Less than | About half | More than | Almost |
| During the last month, how often have you had a weak | at all | II 1 time in 5 half the time the ti | | the time | half the time | always |
| urinary stream? | 0 | 0 1 2 | | 3 | 4 | 5 |
| | | | | | | |
| 6. STRAINING | Not | Less than | Less than | About half | More than | Almost |
| During the last month, how often have you had to push | at all | 1 time in 5 | half the time | the time | half the time | always |
| or strain to begin urination? | 0 | 1 | 2 | 3 | 4 | 5 |
| T NOCTUDIA | | | | | | |
| 7. NOCTURIA | Never | 1 time a | 2 times a | 3 times a | 4 times a | 5 times or |
| During the last month, how many times did you most | _ | night | night | night | night | more a night |
| typically get up to urinate from the time you went to | 0 | 1 | 2 | 3 | 4 | 5 |

Now add up your Symptom Score (1-7 = Mild, 8-19 = Moderate, 20-35 = Severe):

Name and date:

Adapted from American Urological Association. Guidline on the Management of Benign Prostatic-Hyperplasia (BPH). Linthicum, Md: American Urological Association Education and Research, Inc; 2003: 1-22, 1-23, 3-51.

The Disease Specific Quality of Life Question

The International Prostate Symptom Score uses the same 7 questions as the AUA Symptom Index (presented above) with the addition of the following Disease Specific Quality of Life Question (bother score) scored on the scale from 0 to 6 points (delighted to terrible).

| If you were to spend the rest of your life with | Delighted | Pleased | Mostly | Mixed | Mostly | Unhappy | Terrible |
|---|-----------|---------|-----------|-------|--------------|---------|----------|
| your urinary condition just the way it is now, | | | satisfied | | disappointed | | |
| how would you feel about that? | 0 | 1 | 2 | 3 | 4 | 5 | 6 |