SOUTH COUNTY HEALTH

RADIATION THERAPY

AMERICAN UROLOGICAL ASSOCIATION (AUA) SYMPTOM SCORE

Name_____ Date: _____

Do you have any problems when you urinate? We recommend that you talk with a health care provider if your total score on the first seven questions is 8 or greater or if you are bothered at all.

Have you noticed any of the following when you have gone to the bathroom to urinate over the past month?
Circle the answer that best applies to you, and write your score in the right-hand column.

	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
INCOMPLETE EMPTYING It does not feel like I empty my bladder all the way.	0	1	2	3	4	5	
INTERMITTENCY I stop and start again several times when I urinate.	0	1	2	3	4	5	
FREQUENCY I have to go again less than two hours after I finish urinating.	0	1	2	3	4	5	
URGENCY It is hard to wait when I have to urinate.	0	1	2	3	4	5	
WEAK STREAM I have a weak urinary stream.	0	1	2	3	4	5	
STRAINING – I have to push or strain to begin urination.	0	1	2	3	4	5	
	None	**1 time**	**2 times**	**3 times**	**4 times**	**5 times or more**	**Your Score**
NOCTURIA – I get up to urinate after I go to bed until the time I get up in the morning.	0	1	2	3	4	5	
						Total AUA Symptom Score *Total score: 0-7 mild symptoms; 8-19 moderate symptoms; 20-35 severe symptoms*	

QUALITY OF LIFE DUE TO URINARY SYMPTOMS							
If you were to spend the rest of your life with your urinary condition the way it is now, how would you feel about that?	Delighted	Pleased	Mostly Satisfied	Mixed. About equally satisfied and dissatisfied	Mostly Dissatisfied	Unhappy	Terrible