

AUA Symptom Score for BPH:

Urinary Symptoms	Not at all	Less than one time in five	Less than half the time	Half the time	More than Half the time	Almost always
Name _____						
1. Over the past month or so, how often have you had a sensation of not emptying your bladder completely after you finished urinating?	0	1	2	3	4	5
2. Over the past month or so, how often have you had to urinate again less than two hours after you finished urinating?	0	1	2	3	4	5
3. Over the past month or so, how often have you found you stopped and started again several times when you urinated?	0	1	2	3	4	5
4. Over the past month or so, how often have you found it difficult to postpone urination?	0	1	2	3	4	5
5. Over the past month or so, how often have you had a weak urinary stream?	0	1	2	3	4	5
6. Over the past month or so, how often have you had to push or strain to begin urination?	0	1	2	3	4	5
7. Over the last 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?	None	Once	Twice	3 Times	4 Times	5 or More times

Total AUA Symptom Score = Sum of Questions 1-7 _____

SCORING: Mild 0 to 7 Moderate: 8 to 19 Severe: 20 to 35

No treatment for a mild score.

A severe score usually requires some form of treatment.