American Urological Association (AUA Symptom Index)

Name:	Date of Birth:	Date:
The following point scale is used to	o answer the questions below. C	ircle the number that best describes
your experience to the statements	s below.	

, ,										
0= Not at all 1=Less than once in 5 times you have urinated 2=Less than half the time <u>Over the past month, you have:</u>		3=About half the time 4=More than half the time 5=Almost Always								
	e sensation of n bladder after yo ng?		0	1	2	3	4	5		
2. Had to after you finish	-	ess than 2 hours	0	1	2	3	4	5		
	that you stoppe imes when you		0	1	2	3	4	5		
4. Found	it difficult to po	stpone urination?	0	1	2	3	4	5		
5. Had a v	weak urinary str	eam?	0	1	2	3	4	5		
6. Had to	push or strain t	o begin urination?	0	1	2	3	4	5		
Use the following point scale for the question below:										
0=None	2=2 times	4=4 times								
1=1 time	3=3 times	5=5 times								
	get up to urinat d at night until	te from the time you got up	0	1	2	3	4	5		

TOTAL SCORE: _____

Quality of Life (QoL)

If you were to spend the rest of your life with your urinary condition just the way it is now, how would you fell about that?

0 Delighted 1-Pleased 2- Mostly Satisfied 3-Mix	ed 4	-Mos	stly	/ Dis	ssat	tisfi	ed	5-l	Jnh	арру	6-Terr	ible
Have you tried medications to help your symptom	is?	YES		NO								
Did these medications help your symptoms?	1	2	3	4	5	6	7	8	9	10		
No Relief								Complete Relief				
Would you be interest in learning about a minimally invasive option that could allow you to												
discontinue your BPH medications? YES NO												