Radiation Medicine
AUA Symptom Score Sheet

Frederick Health

PATIENT NAME DATE OF BIRTH DATE / /

Please circle the best answer in each row below:

Questions regarding BPH condition	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
Over the past month, how often have you had a sensation of not emptying your bladder completely after you finished urinating?	0	1	2	3	4	5
Over the past month, how often have you had to urinate again less than 2 hours after you finished urinating?	0	1	2	3	4	5
Over the past month, how often have you stopped and started again several times when you urinated?	0	1	2	3	4	5
Over the past month, how often have you found it difficult to postpone urination?	0	1	2	3	4	5
Over the past month, how often have you had a weak urinary stream?	0	1	2	3	4	5
Over the past month, how often have you had to push or strain to begin urination?	0	1	2	3	4	5
Over the past 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 (on average)?	0	1	2	3	4	5

Total score

0-7 Points = Symptoms are mild
8-19 Points = Symptoms are moderate
20-35 Points = Symptoms are severe

Have you had burning when you urinate? ☐ Yes ☐ No

Have you had leaking of urine? ☐ Yes ☐ No

Are you sexually active? ☐ Yes ☐ No