

As we continuously strive to improve our technique in addition to our patient outcomes and satisfaction, it is important to understand your progress after surgery. We are attempting to learn as much as possible from you in order to advance the future of prostate cancer treatment. Your responses will help us personalize your treatment. If nothing has changed since your last appointment, please initial here: _____

AUA SYMPTOM SCORE

Patient Name: _____ Today's Date: _____

Please circle the response correct for you and put the score in the far right box for all seven questions.

1. Incomplete emptying: Over the past month, how often have you had a sensation of not emptying your bladder completely after you finished urinating?

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	Your Score
0	1	2	3	4	5	

2. Frequency: Over the past month, how often have you had to urinate again less than 2 hours after you finished urinating?

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	Your Score
0	1	2	3	4	5	

3. Intermittency: Over the past month, how often have you found that you stopped and started again several times when you urinated?

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	Your Score
0	1	2	3	4	5	

4. Urgency: Over the past month, how often have you found it difficult to postpone urination?

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	Your Score
0	1	2	3	4	5	

5. Weak-stream: Over the past month, how often have you had a weak stream?

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	Your Score
0	1	2	3	4	5	

6. Straining: Over the past month, how often have you had to push or strain to begin urination?

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	Your Score
0	1	2	3	4	5	

7. Nocturia: Over the past month or so, how many times did you get up to urinate from the time you went to bed until the time you got up in the morning?

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	Your Score
0	1	2	3	4	5	

Add up your scores for the total AUA score: _____

Quality of Life Due to Urinary Symptoms: If you were to spend the rest of your life with your urinary condition just the way it is now, how would you feel about that? Please circle your response.

Delighted Pleased Mostly Satisfied Mixed Mostly Dissatisfied Unhappy Terrible

Are you wearing pads? (please circle) Yes No If so, how many per day? _____