

Urologic Surgical Associates of Delaware

AUASS

American Urological Association Symptom Score Sheet

OVER THE PAST MONTH OR SO ... (Circle the appropriate number):

[0]	[1]	[2]	[3]	[4]	[5]
Almost Never	Some of the time	Less than half the time	Half of the time	More than half the time	Almost Always

1. How often have you had a sensation of not emptying your bladder completely after you finished urinating?

[0] [1] [2] [3] [4] [5]

2. How often have you had to urinate again less than 2 hours after you finished urinating?

[0] [1] [2] [3] [4] [5]

3. How often have you found you stopped and started again several times when you urinated?

[0] [1] [2] [3] [4] [5]

4. How often have you found it difficult to postpone urination?

[0] [1] [2] [3] [4] [5]

5. How often have you had a weak stream?

[0] [1] [2] [3] [4] [5]

6. How often have you had to push or strain to begin urination?

[0] [1] [2] [3] [4] [5]

7. How MANY times did you typically get up at night to urinate from the time you went to bed until getting up?

[0] [1] [2] [3] [4] [5]

Bother Score = Sum of Questions 1 - 7

Quality of life due to urinary problems

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 it? Circle one

- | | |
|---|---------------------------|
| [1] Delighted | [5] Mostly dissatisfied |
| [2] Pleased | [6] Unhappy |
| [3] Mostly Satisfied | [7] Terrible |
| [4] Mixed (about equally
satisfied and dissatisfied) | |