

**WEST ALABAMA UROLOGY ASSOCIATES**

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**AUA SYMPTOM SCORE**    DATE: \_\_\_\_\_

CIRCLE ONE NUMBER ON EACH LINE	Not at all	Less than 1 time in 5	Less than half of the time	About half of 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 finish urinating?	0	1	2	3	4	5
Over the past month, how often have you had to urinate again less than 2 ½ hours after you finished urinating?	0	1	2	3	4	5
Over the past month, how often have you found 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?	None	One time	Two times	Three times	Four times	Five times

Add the score for each number above.

TOTAL. \_\_\_\_\_

SYMPTOM SCORE:            1-7 (Mild)                            8-19 (Moderate)                            20-35 (Severe)

How would you feel if you had to live with your urinary condition the way it is now, no better, no worse, for the rest of your life?	Delighted	Pleased	Mostly Satisfied	Mixed	Mostly Dissatisfied	Unhappy	Terrible
		0	1	2	3	4	5



**AUA Symptom - Urology**

