American Urological Association
AUA SYMPTOM SCORE

Radiation Oncology Department

FOR PROSTATE CANCER PATIENTS: Please fill out the following questionnaire.

The American Urological Association (AUA) has drafted a simple symptom index to help categorize urinary symptoms. This information will assist your physicians and nurses in evaluating symptoms if they arise during your care in our department. Thank you for your assistance.

For the following questions (please circle the number below each question):

0  Not at all (0%)
1  Less than 1 time in 5 (<20%)
2  Less than half the time (<50%)
3  About half the time (~50%)
4  More than half the time (>50%)
5  Almost always (~100%)

INCOMPLETE EMPTYING
Over the past month, how often have you had a sensation of not emptying your bladder completely after you finished urinating?

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

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

URGENCY
Over the past month, how often have you found it difficult to postpone urination?

WEAK-STREAM
Over the past month, how often have you had a weak stream?

STRAINING
Over the past month, how often have you had to push or strain to begin urination?

NOCTURIA
Over the past month, 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?

Quality of Life Due to Urinary Symptoms (Please circle one answer below)
If you were to spend the rest of your life with your urinary condition the way it is now, how would you feel about that?

Delighted  Pleased  Mostly Satisfied  Mixed  Mostly Dissatisfied  Unhappy  Terrible