

ROSS HOGAN, M.D.

BOARD CERTIFIED • LIMITED LIABILITY COMPANY
GENERAL UROLOGY

AUA Symptom Score (AUASS)

Patient Name: _____ Today's Date: _____

(Circle One Number in Each Line)	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 finish 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 found that 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 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
	None	1 Time	2 Times	3 Times	4 Times	5 or More Times
Over the past month or so, how many times do you awaken to urinate per night?	0	1	2	3	4	5

Add the score for each number above and write the total on the space to the right.

Total: _____

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

Quality of Life (QOL)

	Delighted	Pleased	Mostly Satisfied	Mixed	Mostly Dissatisfied	Unhappy	Terrible
If you were to spend the rest of your life with your urinary condition how it is now, how would you feel?	0	1	2	3	4	5	6

