

*Robert G. Gold, M.D. • William K. Skinner, M.D. • Joseph N. Biase, M.D. • Stuart M. Popowitz, M.D.*

## AUA BPH Symptom Score Questionnaire

Date: \_\_\_\_\_

Item	Question	None	Less than 1 time in 5	Less than half the time	About half the time	More than half the time	Almost always
1.	Over the past month or so, how often have you had to push or strain to begin urination?	0	1	2	3	4	5
2.	Over the past month or so, how often have you had a sensation of not emptying your bladder completely after you finish urinating?	0	1	2	3	4	5
3.	Over the past month or so, how often have you had to urinate again less than two hours after you finished urinating?	0	1	2	3	4	5
4.	Over the past month or so, how often have you found that you stopped and started again several times when you urinated?	0	1	2	3	4	5
5.	Over the past month or so, how often have you found it difficult to postpone urination?	0	1	2	3	4	5
6.	Over the past month or so, how often have you had a weak urinary stream?	0	1	2	3	4	5
7.	Over the past month or so, how many times during a single night did you most typically get up to urinate from the time you went to bed until the time you got up in the morning?	0	1	2	3	4	5
<b>Symptom Score (total of all the numbers you circled)</b>							

0-7  
8-19  
20-35

Mild  
Moderate  
Severe

Patient Label