



American Urological Association Symptom Index

Name :
MRN :
DOB :

Encounter date:

AUA SI	AUA SPI						AUA BII & QOL
AUA Symptom Index	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	
1. Over the past month or so, how often have you had a sensation of not emptying your bladder completely after you finished urination?	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	
2. Over the past month or so, how often have you had to urinate again less than two hours after you finished urinating?	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	
3. Over the past month or so, how often have you found you stopped and started again several times when you urinated?	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	
4. Over the past month or so, how often have you found it difficult to postpone urination?	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	
5. Over the past month or so, how often have you had a weak urinary stream?	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	
6. Over the past month or so, how often have you found you had to push or strain to begin urination?	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	
7. Over the past month or so, 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?	<input type="radio"/> 0 none	<input type="radio"/> 1 time	<input type="radio"/> 2 times	<input type="radio"/> 3 times	<input type="radio"/> 4 times	<input type="radio"/> 5 or more times	
AUA SI Score (0 - 7 mild; 8 - 18 moderate; 19 - 35 severe):							

Completed by:

Cancel

Print & Accept

Accept

Americal Urological Association Symptom Index

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Symptom Problem Index

	no problem	very small problem	small problem	medium problem	big problem
1. Over the past month, how much has a sensation of not emptying your bladder been a problem for you?	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
2. Over the past month, how much has frequent urination during the day been a problem for you?	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
3. Over the past month, how much has getting up at night to urinate been a problem for you?	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
4. Over the past month, how much has stopping and starting when you urinate been a problem for you?	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
5. Over the past month, how much has a need to urinate with little warning been a problem for you?	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
6. Over the past month, how much has impaired size and force of urinary stream been a problem for you?	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
7. Over the past month, how much has having to push or strain to begin urination been a problem for you?	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4

AUA Symptom Problem Index (0 - 28):

Completed by:

Cancel	Print & Accept	Accept
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Benign Prostatic Hypertrophy (BPH) Impact Index

- | | | | | | |
|--|---|---|--|--|---|
| <p>1. Over the past month, how much physical discomfort did any urinary problems cause you?</p> | none
<input type="radio"/> 0 | only a little
<input type="radio"/> 1 | some
<input type="radio"/> 2 | a lot
<input type="radio"/> 3 | |
| <p>2. Over the past month, how much did you worry about your health because of any urinary problems?</p> | none
<input type="radio"/> 0 | only a little
<input type="radio"/> 1 | some
<input type="radio"/> 2 | a lot
<input type="radio"/> 3 | |
| <p>3. Overall, how bothersome has any trouble with urination been during the past month?</p> | not at all
bothersome
<input type="radio"/> 0 | bothers me
a little
<input type="radio"/> 1 | bothers me
some
<input type="radio"/> 2 | bothers me
a lot
<input type="radio"/> 3 | |
| <p>4. Over the past month, how much of the time has any urinary problem kept you from doing the kinds of things you would usually do?</p> | none of
the time
<input type="radio"/> 0 | a little
the time
<input type="radio"/> 1 | some
of the time
<input type="radio"/> 2 | most of
the time
<input type="radio"/> 3 | all of
the time
<input type="radio"/> 4 |

BPH Impact Index (0 - 13):

Quality of Life Question

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 that?

- | | | | | | | |
|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| delighted | pleased | mostly satisfied | mixed | mostly dissatisfied | unhappy | terrible |
| <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | <input type="radio"/> 6 |

Quality of Life Score (0 - 6):

Display of All Scores

	AUA Symptom Index	AUA Symptom Problem Index	AUA BPH Impact Index	Quality of Life
Patient Score:				
Possible Score:	0 to 35	0 to 28	0 to 14	0 to 6

[View Past Scores](#)

Completed by:

Cancel

Print & Accept

Accept