

Patient Name: _____ DOB: _____ Acct Num: _____ Date: _____

Medication/Dose: Cardura___ Flomax___ Hytrin___ Proscar___ Saw Palmetto___ Other___

AUA Symptom Survey

	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 finished urinating?	0	1	2	3	4	5
-Over the past month, how often have you had to urinate again less than two hours after you finished urinating?	0	1	2	3	4	5
-Over the past month, how often have you found 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 system?	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 times
-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 you got up in the morning?	0	1	2	3	4	5

Total Score _____

- 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? (Circle One)
 - Delighted
 - Mostly Satisfied
 - Mixed (Equally Satisfied/Dissatisfied)
 - Unhappy
 - Terrible