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AUA Symptom Index for BPH (Benign Prostatic Hypertrophy)

(From the American Urological Association)

1.) 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?

	<u>POINTS</u>
<input type="checkbox"/> None	(0)
<input type="checkbox"/> One time	(1)
<input type="checkbox"/> Two times	(2)
<input type="checkbox"/> Three times	(3)
<input type="checkbox"/> Four times	(4)
<input type="checkbox"/> Five times or more	(5)

2.) Over the past month or so, how often have you had a sensation of not emptying your bladder completely after you finished urinating?

<input type="checkbox"/> Not at all	(0)
<input type="checkbox"/> Less than one time in five	(1)
<input type="checkbox"/> Less than half the time	(2)
<input type="checkbox"/> About half the time	(3)
<input type="checkbox"/> More than half the time	(4)
<input type="checkbox"/> Almost always	(5)

3.) Over the past month or so, how often have you had to urinate again less than two hours after you finished urinating?

<input type="checkbox"/> Not at all	(0)
<input type="checkbox"/> Less than one time in five	(1)
<input type="checkbox"/> Less than half the time	(2)
<input type="checkbox"/> About half the time	(3)
<input type="checkbox"/> More than half the time	(4)
<input type="checkbox"/> Almost always	(5)

4.) Over the past month or so, how often have you found that you stopped and started again several times when you urinated?

- Not at all (0)
- Less than one time in five (1)
- Less than half the time (2)
- About half the time (3)
- More than half the time (4)
- Almost always (5)

5.) Over the past month or so, how often have you found it difficult to postpone urination?

- Not at all (0)
- Less than one time in five (1)
- Less than half the time (2)
- About half the time (3)
- More than half the time (4)
- Almost always (5)

6.) Over the past month or so, how often have you had a weak urinary stream?

- Not at all (0)
- Less than one time in five (1)
- Less than half the time (2)
- About half the time (3)
- More than half the time (4)
- Almost always (5)

7.) Over the past month or so, how often have you had to push or strain to begin urination?

- Not at all (0)
- Less than one time in five (1)
- Less than half the time (2)
- About half the time (3)
- More than half the time (4)
- Almost always (5)

Total Symptom Score: _____
(Sum of Questions 1-7)

If your score is from 0-7 you may have no BPH or mild symptoms

If your score is from 8-17 you may have moderate symptoms

If your score is 18 or higher you have severe symptoms of BPH