

PROSTATE CANCER CENTRE

Determine your own urinary symptom score

Instructions

Ring the box relating to how frequently each urinary symptom has occurred over the last month. The total score of the seven questions will range between 0 to 35. Patients with a score of 0 have no urinary symptoms, those with 35 have many. The questionnaire is also known as the American Urological Association questionnaire, AUA7, and has been validated as providing an accurate assessment of a patient's urinary symptoms. These symptoms are rarely related to prostate cancer but more commonly as to whether benign areas of the prostate gland are restricting and or affecting the function of the urinary tract.

International Symptom Score Questionnaire /(AUA7)							
	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	Your score
Incomplete emptying 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 +	-

International Symptom Score Questionnaire /(AUA7)

Frequency

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 +

-

Intermittency

Over the past month, how often have you found you had stopped and started again several times when you urinated?

0

1

2

3

4

5 +

-

Urgency

Over the past month, how often have you found it difficult to postpone urination?

0

1

2

3

4

5 +

-

Weak Stream

Over the past month, how often have you had a weak urinary stream?

0

1

2

3

4

5 +

-

International Symptom Score Questionnaire /(AUA7)

Straining

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

0	1	2	3	4	5 +	-
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None	1 time	2 times	3 times	4 times	5 times +	
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Nocturia

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 the time you got up in the morning?

0	1	2	3	4	5	-
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