

AUA BPH Symptom Score Questionnaire



Print Patient Name _____

Date of Birth _____ Date Completed _____

	Not at All	Less than 1 in 5 Times	Less than Half the Time	About Half the Time	More than Half the Time	Almost Always	Your Score
1. 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	
2. 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	
3. Over the past month, how often have you stopped and started again several times when you urinated?	0	1	2	3	4	5	
4. Over the past month, how often have you found it difficult to postpone urination?	0	1	2	3	4	5	
5. Over the past month, how often have you had a weak urinary stream?	0	1	2	3	4	5	
6. 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 or More	
7. 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	
Total Symptom Score							

Score: 1-7: Mild 8-19: Moderate 20-35: Severe

The possible total runs from 0 to 35 points with higher scores indicating more severe symptoms.

Scores less than seven are considered mild and generally do not warrant treatment.

Disclaimer: This material is provided for information purposes only and is not a substitute for a consultation. You should consult with a urologist regarding your specific symptoms or medical condition.

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