

# Urinary Symptom Screener (AUA Symptom Score)

\*\*\*For office use ONLY\*\*\*

Prior Balance: \$ \_\_\_\_\_  
 Due Today \$ \_\_\_\_\_  
 Total Due \$ \_\_\_\_\_  
 Payment By:  
 Cash    Credit    Check# \_\_\_\_\_  
 Amount Paid: \$ \_\_\_\_\_

Patient Name: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Circle the number that best describes your experience.	Not at all	Less than 1 time in 5	Less than 1/2 the time	About 1/2 the time	More than 1/2 the time	Almost Always
<b>1. Incomplete Emptying</b> Over the past month or so, how often have you had a sensation of not emptying your bladder completely after you finish urinating?	0	1	2	3	4	5
<b>2. Frequency</b> Over the past month or so, how often have you had to urinate again less than 2 hours after you finished urinating?	0	1	2	3	4	5
<b>3. Intermittency</b> Over the past month or so how often have you found that you stopped and started again several times when you urinated?	0	1	2	3	4	5
<b>4. Urgency</b> Over the past month or so, how often have you found it difficult to postpone urination?	0	1	2	3	4	5
<b>5. Weak Stream</b> Over the past month or so, how often have you had a weak urinary stream?	0	1	2	3	4	5
<b>6. Straining</b> Over the past month or so, how often have you had to push or strain to begin urination?	0	1	2	3	4	5
<b>7. Nocturia</b> Over the past month or so, how many times did you typically get up to urinate from the time you went to bed to the time you got up in the morning?	0	1	2	3	4	5

Add the score for each question above, and write the total in the space to the right.

Symptom score=1-7 Mild    8-19 Moderate    20-35 Severe                      TOTAL \_\_\_\_\_

**QUALITY OF LIFE:** How would you feel if you had to live with your urinary condition the way it is now, no better, no worse, for the rest of your life?

Delighted      Pleased      Most Satisfied      Mixed      Mostly Dissatisfied      Unhappy      Terrible

0	1	2	3	4	5	6
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PLEASE CONTINUE

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**O'Leary-Sant Interstitial Cystitis Symptom and Problem Questionnaire**

Symptom Index	Problem Index
<p>1. In the past month, How often have you felt the strong need to urinate with little or no warning?</p> <p>0 ___ not at all            1 ___ less than 1 time in 5            2 ___ less than half the time            3 ___ about half the time            4 ___ more than half the time            5 ___ almost always</p> <p>2. During the past month, have you had to urinate less than 2 hours after you finished urinating?</p> <p>0 ___ not at all            1 ___ less than 1 time in 5            2 ___ less than half the time            3 ___ about half the time            4 ___ more than half the time            5 ___ almost always</p> <p>3. During the past month, how often did you most typically get up at night to urinate?</p> <p>0 ___ none            1 ___ once            2 ___ 2 times            3 ___ 3 times            4 ___ 4 times            5 ___ 5 or more time</p> <p>4. During the past month, have you experienced pain or burning in you bladder?</p> <p>0 ___ not at all            1 ___ a few times            2 ___ almost always            3 ___ fairly often            4 ___ usually</p> <p>Total Score: _____ (add all questions in the column)</p> <p>IC&gt;=6, controls &lt;6</p>	<p>During the past month, how much has each of the following been a problem for you?</p> <p>1. Frequent Urination during the day?</p> <p>0 ___ no problem            1 ___ very small problem            2 ___ small problem            3 ___ medium problem            4 ___ big problem</p> <p>2. Getting up at night to urinate?</p> <p>0 ___ no problem            1 ___ very small problem            2 ___ small problem            3 ___ medium problem            4 ___ big problem</p> <p>3. Need to urinate with little warning?</p> <p>0 ___ no problem            1 ___ very small problem            2 ___ small problem            3 ___ medium problem            4 ___ big problem</p> <p>4. burning, pain, discomfort, or pressure in your bladder?</p> <p>0 ___ no problem            1 ___ very small problem            2 ___ small problem            3 ___ medium problem            4 ___ big problem</p> <p>Total Score: _____ (add all questions in the column)</p> <p>IC&gt;=6, controls &lt;6</p>