



Participant ID: _____

Pin # _____

Discovery Site: _____

Clinical Center _____

CRF Date: ____/____/____

Visit #: _____

AUA Symptom Score Index

Participant completes via online survey at Baseline Week 4 and Months 6, 18, & 36 clinic contacts.

To complete this self-test, simply click on one answer for each question. Once you have answered all seven questions, click the "calculate" button and you will be immediately given 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 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

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

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

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

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



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6. Over the past month, how often have you had to push or strain to begin urination?
- 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
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 None
 - ₁ 1 time
 - ₂ 2 times
 - ₃ 3 times
 - ₄ 4 times
 - ₅ 5 times

Total symptom score: _____