

MIST2 Form AUA, AUA Symptom Score (version November 9, 2006)

Participant ID (3 digits)

Visit ID = S01, S02, W04, W08, W12, M06, M09, M12 (one record per visit)

RELEASEID

VISITID

	<i>not at all</i>	<i>less than 1 time in 5</i>	<i>less than half the time</i>	<i>about half the time</i>	<i>more than half the time</i>	<i>almost always</i>
1. Over the past month, how often have you had a sensation of not emptying your bladder completely after you finished urinating?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
2. Over the past month, how often have you had to urinate again less than two hours after you finished urinating?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
3. Over the past month, how often have you found you stopped and started again several times when you urinated?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
4. Over the past month, how often have you found it difficult to postpone urination?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
5. Over the past month, how often have you had a weak urinary stream?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
6. Over the past month, how often have you had to push or strain to begin urination?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
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?	<input type="checkbox"/> ₀ none	<input type="checkbox"/> ₁ 1 time	<input type="checkbox"/> ₂ 2 times	<input type="checkbox"/> ₃ 3 times	<input type="checkbox"/> ₄ 4 times	<input type="checkbox"/> ₅ 5 or more times

AUNEMPTY

AUTWOHRS

AUSTOPST

AUPOSTPO

AUWEAKST

AUPUSHST

AUGETUPN