Patient number ☐☐☐☐☐ Date of visit ☐☐ ☐☐ ☐☐
month day year

NIH - BPH CLINICAL TRIAL: PILOT STUDY

AUA SYMPTOM QUESTIONNAIRE

This form is to be completed at every scheduled visit. The patient should complete pages 2 through 4.

Part I / IDENTIFICATION

A. Patient Identification

1. Clinic number **(CLINIC)** ☐☐

2. Patient Identification number

   a. If before randomization, Screening number **(SCREEN)** S☐☐☐☐

   b. If after randomization, Patient number **(PATID)** ☐☐☐☐☐
   clinic patient

3. Patient's initials **(INITS)** ☐☐☐☐
   first last

4. Patient's date of birth **(DOB)** ☐☐ ☐☐ ☐☐
   month day year

B. Visit Information

1. Date of visit **(QVSTDT)** ☐☐ ☐☐ ☐☐
   month day year

2. Type of visit **(QVITYP)**
   ☐ 1 Screening
   ☐ 2 Randomization
   ☐ 3 Standard Follow-up
   ☐ 4 Major Follow-up

3. If Standard or Major follow-up visit, week of visit **(QVIWK)** ☐☐☐

Part II / SYMPTOM SCORE QUESTIONNAIRE

The patient should complete the questionnaire on the following 3 pages.

Initials of person completing form **(FORMIN)** ☐☐☐☐
first last

Date form completed **(FORMDT)** ☐☐ ☐☐ ☐☐
month day year

Signature

Patient number ☐☐☐☐☐ Date of visit ☐☐ ☐☐ ☐☐
month day year

AUA Symptom Index
A: URINARY SYMPTOMS
Symptom Score Criteria

Please put an "X" in the box for the answer that best describes your symptoms.

	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
1. Over the past month or so, how often have you had a sensation of not emptying your bladder completely after you finished urinating? **(QSSEMP)**	0	1	2	3	4	5
2. Over the past month or so, how often have you had to urinate again less than two hours after you finished urinating? **(QSSAGN)**	0	1	2	3	4	5
3. Over the past month or so, how often have you found you stopped and started again several times when you urinated? **(QSSSEV)**	0	1	2	3	4	5
4. Over the past month or so, how often have you found it difficult to postpone urination? **(QSSPOST)**	0	1	2	3	4	5
5. Over the past month or so, how often have you had a weak urinary stream? **(QSSWEAK)**	0	1	2	3	4	5
6. Over the past month or so, how often have you had to push or strain to begin urination? **(QSSPUSH)**	0	1	2	3	4	5

7. Over the last 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? **(QSSNIT)**

☐0 none ☐1 1 time ☐2 2 times ☐3 3 times ☐4 4 times ☐5 5 or more times

Please initial here _____

AUA Symptom Score = Add questions A1 - A7 ☐☐
(QSSADD)

Patient number | | | | | |

Date of visit | month | day | year |

AUA Symptom Index
B: PROBLEMS DUE TO SYMPTOMS
Bother Score Criteria

Please put an "X" in the box for the answer that best describes your symptoms.

	no problem	very small problem	small problem	medium problem	big problem
1. Over the past month, how much has a sensation of not emptying your bladder been a problem for you? **(QBSEMP)**	0	1	2	3	4
2. Over the past month, how much has frequent urination during the day been a problem for you? **(QBSFREQ)**	0	1	2	3	4
3. Over the past month, how much has getting up at night to urinate been a problem for you? **(QBSNIT)**	0	1	2	3	4
4. Over the past month, how much has stopping and starting when you urinate been a problem for you? **(QBSSTP)**	0	1	2	3	4
5. Over the past month, how much has a need to urinate with little warning been a problem for you? **(QBSWARN)**	0	1	2	3	4
6. Over the past month, how much has impaired size and force of urinary stream been a problem for you? **(QBSSTRM)**	0	1	2	3	4
7. Over the past month, how much has having to push or strain to begin urination been a problem for you? **(QBSPUSH)**	0	1	2	3	4

Please initial here _____

AUA Bother Score = Add questions B1 - B7 | | |

(QBSADD)

Patient number ☐☐☐☐☐

Date of visit ☐☐/☐☐/☐☐ (month, day, year)

AUA Symptom Index
C: QUALITY OF LIFE DUE TO URINARY PROBLEMS

Please put an "X" in the box for the answer that best describes your symptoms.

1. Over the past month, how much physical discomfort did any urinary problems cause you? **(QQLDISC)**

   ☐ 0 none ☐ 1 only a little ☐ 2 some ☐ 3 a lot

2. Over the past month, how much did you worry about your health because of any urinary problems? **(QQLHLTH)**

   ☐ 0 none ☐ 1 only a little ☐ 2 some ☐ 3 a lot

3. Overall, how bothersome has any trouble with urination been during the past month? **(QQLBOTH)**

   ☐ 0 not at all bothersome ☐ 1 bothers me a little ☐ 2 bothers me some ☐ 3 bothers me a lot

4. If you were to spend the rest of your life with your urinary condition just the way it is now, how would you feel about that? **(QQLFEEL)**

   ☐ 0 delighted
   ☐ 1 pleased
   ☐ 2 mostly satisfied
   ☐ 3 mixed (about equally satisfied and dissatisfied)
   ☐ 4 mostly dissatisfied
   ☐ 5 unhappy
   ☐ 6 terrible

5. Over the past month, how much of the time has any urinary problem kept you from doing the kinds of things you would usually do? **(QQLKEPT)**

   ☐ 0 none of the time
   ☐ 1 a little of the time
   ☐ 2 some of the time
   ☐ 3 most of the time
   ☐ 4 all of the time

Please initial here ____________________

AUA Quality of life questions are scored individually.