

Over the past month have you experienced any of the following:

Question	None	Less than 1 in 5 times	Less than half the time	About half the time	More than half the time	Almost always	Your Score
How often have you felt that you did not completely empty your bladder?	0	1	2	3	4	5	
How often have you had to urinate more than once every 2hrs ?	0	1	2	3	4	5	
How often had you experienced that you stopped and started multiple times while urinating ?	0	1	2	3	4	5	
How often have you found it difficult to wait to urinate ?	0	1	2	3	4	5	
How often have you had a weak stream of urine ?	0	1	2	3	4	5	
How often have you had to strain to start to urinate ?	0	1	2	3	4	5	
How often do you wake up during the night and have to urinate ?	0	1	2	3	4	5	

Total up the score to determine your AUA number

Severity Scoring

0 to 7 is mild, 8 to 19 is moderate, 20 to 35 is severe

A score of 8 and above you should consult your physician